DEPARTM	IENT OF HEALTH	AND HUMAN SERVICES			in a faith		APPROVED . 0938-0391
TATEMENT O	FOR MEDICARE F DEFICIENCIES CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		LE CONSTRUCTION	(X3) DATE S COMPL	URVEY
DANOF	oonaconon	09G211	B. WI			_05/2	24/2007_
	OVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODI 173 VISTA STREET, NE		
HRDI OF T	HE DISTRICT OF C	COLUMBIA, LLC		W	ASHINGTON, DC 20018		
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W 000 I	INITIAL COMMEN	TS	w	000			
	May 22, through National initiated using the however, it was do process should be conditions level of and active treatment the extended survimplemented to restaffing. A randominitially selected from six females. An asample as a focus diagnoses of profithe six clients was facility had psychimedications were facility had limited communications. The findings of the	I survey was conducted from May 24, 2007. The survey was fundamental survey process; etermined that an extended in participation of client protection ent. Based on the findings of vey a full survey was eview governing body and in sample of three clients was some a residential population of additional client was added to the s. All clients in the sample had found mental retardation. One of is blind. Three clients in the latric diagnoses for which a prescribed. The clients in this is to no skills in verbal					
	,staff interviews a programs, review administrative re- unusual incident As a result of the	at both the facility and day of clinical, medical, and cords to include the facility's reports and policies. e survey findings it was					
W 102	at the Condition Client Protection	NING BODY AND		V 10:	W102	· ·	
	The facility must	ensure that specific governing gement requirements are met.			Cross Reference V	W104	
			1				1

v deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that it safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days wing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Provious Versions Obsolete

LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

Event (D: IJBB11

If continuation sheet Page 1 of 42

(X6) DATE

STATEMENT PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	ULTIPLE LDING	CONSTRUCTION		COMPLI	
		09G211	B, WII	1G			05/2	4/2007
	ROVIDER OR SUPPLIER THE DISTRICT OF C	COLUMBIA, LLC		3073	S VISTA STREET SHINGTON, D	C 20018		
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W 104	This CONDITION The facility's gove general operating to W104]. The systemic effe the failure of the g manage and gove compliance with tl Protections [See V 483.410(a)(1) GO The governing bo budget, and operation This STANDARD Based on observative general of facility. The findings inclu 1. The governing specially-constitut Committee) revie practices, to affin [See 124, W262, The Governing specially-constitut Committee) revie practices, to affin [See 124, W262, The Governing specially-constitut Committee) revie practices, to affin [See 124, W262, The Governing specially-constitut Committee) revie practices of unknown	is not met as evidenced by: ming body failed to maintain direction over the facility [Refer ct of these practices results in overning body to adequately in the facility and to ensure its ne condition of Client W122]. VERNING BODY dy must exercise general policy, ating direction over the facility. is not met as evidenced by: ation, staff interview and record 's Governing Body fail to perating direction over the ide: body failed to ensure that its ted committee (Human Rights wed all aspects of facility m and protect clients' rights, and W263] g Body failed to establish and es and procedures to ensure that wn origin were reported the administrator and the State	W	104	est age Co asy revicit human service of the control	a October 2, 2006 tablished policy gover ency's Human ommittee ensuring pects of facility practivewed to affirm ancient rights. (See man rights policy a ghts policy.) In October 1, 2006 Hiscoiving the Departisabilities policy on porting of injuries of rigins aligned its intervith that of DDS. How with the DDS' policy was brought to our uring the course of that DDS' policy was brought with the Doff Health. As a responsible to correspond with the Doff Health. As a responsible to correspond with the puddelines. Further management staff having our agency training sessions. (See policy which dictate incidents are to be investigated with followed up on. A constitution of the state agency business days.	Rights that all tices are d protect attached and client rement on incident unknown mal policy lowever it attention his survey as not in Department sult HRDI policy for g incidents the federal more, all lave been policy and will be 30, 2007 's annual ee attached as that all thoroughly the and py of which to the 72 hours	10/2/06 & Ongoing 10/1/06 & Ongoing

PRINTED: 06/13/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY TEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED PLAN OF CORRECTION A. BUILDING B. WING 09G211 05/24/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3073 VISTA STREET, NE** HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) W 104 W 104 On May 30, 2007 HRDI Continued From page 2 amended it's policies and 3. The Governing Body failed to establish and procedures to ensure that clients implement policies and procedures to ensure that receiving psychotropic injuries of unknown origin were thoroughly medications for treatment with investigated. [See W154] 1 diagnosis receive Axis comprehensive psychiatric 6/27/07 & assessments and all management 4. The Governing Body failed to establish and Ongoing staff have been in-serviced on the implement policies and procedures to ensure that policy. (See attached policy and clients receiving psychotropic medications for the in-service) Furthermore as of treatment of Axis 1 diagnoses received June 18, 2007 all individuals comprehensive psychiatric assessments [See residing in the home with an Axis 1 diagnosis receiving W212] medication have received a psychiatric comprehensive 5. The Governing Body failed to establish and/or Attached assessment implement policies and procedures to ensure Assessments) Additionally the sufficient direct care staff to manage and new assessment along with drug regimen will be presented at the supervise clients while being transported. [See next agency scheduled Human W1861 Rights Committee Meeting on W 122 483,420 CLIENT PROTECTIONS W 122 June 27, 2007. The facility must ensure that specific client protections requirements are met. This CONDITION is not met as evidenced by: Based on observations, interview, and record On April 1, 2007 HRDI did review the facility failed to to ensure the right of establish policy and procedures legal representative to be informed of the client's to ensure sufficient direct care medical condition, attendant risks of treatment, staff manage and supervise 7/20/07 & clients while being transported. and the right to refuse treatment [See W124]; (See attached policy) Ongoing failed to ensure that a system had been Additionally all HRDI staff will developed to inform each client of the right to be in-serviced on this policy refuse treatment [See W125]; failed to establish during our annual trainings July 16-20, 2007 and implement policies that ensure each client's health and safety [See W149]; failed to notify the designated Administrator and other officials of all injuries of unknown origin [See W153]; failed to document the provision of thorough investigations of injuries of unknown origin [See W154]; failed to

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** PLAN OF CORRECTION A BUILDING B. WING 05/24/2007 09G211 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY W 122 Continued From page 3 W 122 ensure that investigations were reported to the administrator or designated representative with in W122 On May 30, 2007 HRDI's five working days of the incident [See W156]; the administrator reviewed all incidents facility failed to ensure that one of three clients in for the home and provided the sample who was receiving psychotropic feedback and follow-up. medications had a psychiatric assessment [See previously stated there was some W212]; facility's Human Rights Committee (HRC) unclearity about the reporting of 5/30/07 & incidents based on a policy Ongoing failed to review, approve, and monitor the use of distributed by the Department on psychotropic medications to manage Disabilities However all HRDI inappropriate behaviors [See W262] and failed to management staff have been re-inensure that restrictive programs were used only serviced as to the proper protocol with written consents. [Refer to W263] for reporting incidents. The effects of these systemic practices results in the failure of the facility to protect its clients from potential harm and to ensure their general safety and well being. W 124 vV 124 483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the right of each client or their legal guardian to be informed of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment for two of six clients residing in the facility. (Client #3 and #4)

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	Continued From particles of the findings included in the findings included in the first of the f	de: If the evening medication inducted on 5/22/07 at beginning aled Client #3 received Risperdal of applesauce by mouth. Imedication nurse staff on the roximately 4:57 PM revealed that as prescribed for maladaptive aw of the client's physicians in the roximately 4:57 PM revealed that as prescribed for maladaptive aw of the client's physicians in the roximately 4:57 PM revealed that as prescribed for maladaptive aw of the client's physicians in the roximately approximately in the Risperdal 1 mg by mouth for a Behavior Support in 6/7/06, to address behaviors in ead rubbing, self-harm, and in the sear rubbing, self-harm, and in the sister used to be involved in the resister used to be involved fouse Manager indicated that the sen able to contact the sister. #3's Psychological Assessment in the sister is unable to give informed uires 24-hours a day supervision in order to function in a ing. The assessment also itent #3 is not competent to make cisions concerning her treatment, nances. There was no dence that the facility informed gally-authorized representative, of the health benefits and risks of ciated with the use of his		124	1-2 HRDI has a syplace for clients a significant circ support to be informed the use of remedications. Client #4 have been of their remedications rish benefits. The Rights Committee reviewed and appropriate appropriate for Client #3), Buspared Client #3), Buspared 25mg (for Client this was done committee evaluate fact that the outweigh the rish time. Furtherm facility has provisions to degally remidividual for a countification.	and their le of ormed of estrictive ents #3 informed estrictive ks and Human has also roved the lmg (for ar 15mg, and Revia #4) and as the lated the benefits ks at this more, the made contact a ecognized onsent for	6/30/07 & Ongoing
	11:12 AM reveal legal guardian, bin her life. The hacility has not be Review of Client dated 11/30/06 AM revealed that consent and revealed that Client a group home community setting revealed that Client and the placement, or find documented evidence that as appropriate, treatment associated by the placement and placement associated by the placement associated by the placement associated by the placement and placement associated by the placement	ed that Client #3 did not have a ut her sister used to be involved douse Manager indicated that the een able to contact the sister. #3's Psychological Assessment on 5/23/07 at approximately 11:35 it she is unable to give informed uires 24-hours a day supervision in order to function in a in order to function in a ing. The assessment also ient #3 is not competent to make cisions concerning her treatment, nances. There was no dence that the facility informed gally-authorized representative, of the health benefits and risks of	5		use of Risperdal Client #3), Busper Tegretol 200mg a 25mg (for Client this was done committee evalu fact that the outweigh the risk time. Furthern facility has provisions to of legally r individual for a c	1mg (for ar 15mg, and Revia #4) and as the lated the benefits ks at this more, the made contact a ecognized onsent for	

STATEMENT	S FOR MEDICARE OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.	ULTIPLI LDING	E CONSTRUCTION	(X3) DATE SU COMPLE	
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W 124	administration correvealed Client #4 Buspar 15 mg, Temg crushed into a with the medication was p behaviors. Revie orders dated 4/1/6 10:16 AM reveale medications were Support Plan (BS behaviors associself-injurious beh Qualified Mental (QMRP) and Houapproximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 12 did not have a lefather is involved Psychological As 5/23/07 at approximately 12 did not have a lefather is involved Psychological As 5/23/07 at approximately 12 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately 11 did not have a lefather is involved Psychological As 5/23/07 at approximately	the evening medication aducted on 5/22/07 at 5:31 PM, received Risperdal 2 mg, gretol 200 mg, and Revia 25 applesauce by mouth. Interview on nurse staff on the same day 5:35 PM revealed that the rescribed for maladaptive w of the client's physicians 07 on 5/23/07 at approximately of that the psychotropic incorporated in a Behavior P) dated 6/7/06, to address ated with head banging and aviors. Interview with the Retardation Professional is Manager on 5/23/07 at :12 AM revealed that Client #4 gal guardian, but her sister and in her life. Review of Client #4's sessment dated 11/30/06 on kimately 12:30 PM revealed that give informed consent and is a day supervision. The revealed that Client #4 is not a ke independent decisions reatment, placement, or finances becomented evidence that the Client #4 or a legally-authorized as appropriate, of the health is of treatment associated with sychotropic medications and is seen a legally recognized individual ROTECTION OF CLIENTS	d	N 125	1-2 HRDI has a system in place for clients and their significant circle of support to be informed of the use of restrictive medications. Clients #3 and #4 have been informed of their restrictive medications risks and benefits. The Human Rights Committee has also reviewed and approved the use of Risperdal 1mg (for Client #3), Buspar 15mg, Tegretol 200mg and Revia 25mg (for Client #4) and this was done as the committee evaluated the fact that the benefits outweigh the risks at this time. Furthermore, the facility has made provisions to contact a legally recognized individual for a consent for both individuals. 6/30/07		6/30/07 & Ongoing
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PRINTED: 06/13/2007

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938<u>-0391</u> CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED *EMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING AN OF CORRECTION B. WING 05/24/2007 09G211 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 (X5) CÓMPLETION DATE PROVIDER'S PLAN OF CORRECTION ID SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X4) ID CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG W 125 Continued From page 6 W 125 RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right W125 to due process. Cross Reference W124 This STANDARD is not met as evidenced by: Based on interviews and record review, the facility failed to ensure that individuals who lacked the capacity to make informed decisions had received assistance with identifying a surrogate decision-maker for habilitation and treatment needs, for two of four clients residing in the facility. (Client #3 and #4) The findings include: The facility failed to ensure clients' rights were protected by making certain each client had a legally sanctioned representative to assist them with making decisions regarding their treatment. [See W124] W 149 483.420(d)(1) STAFF TREATMENT OF W 149 CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on the review of incident reports, interview

with the Qualified Mental Retardation

Professional, and review of the facility's policy, the facility failed to implement policies that ensured

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ULTIPI LDING	LE CONSTRUCTION	COMPLE	
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W 149	the continuous pro The findings included. 1. The facility failed procedures for replaced and notice that shand palm. Upon the assisting the with she also had soral interview with the 5/22/07 at approximate the incident report cleaned the injuried by the According to the with she witnessed Cliner hands and so the clients. "I storage on the right condition on the right condition on the right condition on the right condition on the right condition." The facility failed procedure with the shand scrall the indicate the indicate on the right condition of the evidence that a nand/or notified.	des: det to implement its policies and porting incidents as evidence aff entered Client #3's room home from the day program had scrapes on her left elbow further observations when personal care, staff notice that pe marks on her knee. facility's Registered Nurse on imately 2:40 PM revealed that sessed and cleaned the Injuries. dence of a signature or date on t indicating when the nurse as. The facility's driver on 4/30/07, ent #4 grabbing #3's face with ratching her while transporting the van because she was the ended to it, but at this time, blood ng out from the scratch area end with the driving to pick up the van run. Three (3) scratches		149	observed on a clied HRDI policy procedure. The consumer appropriate coordinand follow up is regarding each regincident. Staff wittrained to procedure.	RP to neident nt per and QMRP that nation done ported ll be operly cident an The proper cident	6/28/07 & Ongoing

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		SOLUMBIA LLC			3073 VISTA STREET, NE WASHINGTON, DC 20018		
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W 149	marks, about one Etiology unknown e. On 10/4/06, C. Providence Hosp assessed the clie instructed staff to room for further of f. On 9/1/06, Clie program staff to forehead. Staff occurred, thereforigin. g. A nursing prorevealed that Cliright arm. Review of the fasystem" on 5/22 revealed that "Tallegations of mwell as injuries immediately to officials in accoestablished procedures for origin and/or in evidence below a. On 5/14/07, after she return and notice that and notice	on both thighs grape size (1) inch long on Client #6. lient #6 was transported to ital via residential van. LPN int as having swollen ankles and itake the client to the emergency evaluation. ent #6 was discovered by the day have a raised area on her did not know how the injury ore it is an injury of unknown agress note, dated 5/19/07, ent #4 sustained a bruise on the cility's "Incident Management 2/07 at approximately 2:45 PM he facility must ensure that all istreatment, neglect or abuse, as of unknown source, are reported the administrator or to other redance with State law through cedures." [See W153] failed to implement its policies and investigating injuries of unknown juries that was discovered as	the state of the s	14	2 a-f The QM trained to investigate all unknown Reportable an Reportable incifuture, the prensure that the Management and the QMRP pertinent info investigate each occurs. Cross Reference 6/28/07 Ongoing	thoroughly incidents of origin-both d Serious dents. In ovider will ne Incident Coordinator will obtain rmation to incident that	6/28/07 & Ongoing

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUI	LDING	E CONSTRUCTION	(X3) DATE S COMPLE	
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W 149	scrape marks on evidence that an conducted to del b. On 4/3/07, strap about the evidence that the investigated. c. On 11/6/06, Notice a red circomarks, about on Etiology unknow report, the incidence however, there is report in the record delication passinstructed staff for further evaluate report, the incidence is no evidence the evidence is no evidence there is no evidence the records. e. On 9/1/06, Coday program staforehead. Staff occurred, there origin. An investigation to the survey. This in local agency; here	her knee. There was no investigation had been termine the cause of the injuries. The property of a bruise on left should under her the size of a nickel. There is no e injury of unknown origin was while preparing for a shower, staff le on both thighs grape size the (1) inch long on Client #6. The coording to the incident ent was investigated on 11/6/06; is no evidence of an investigation.		149			

PRINTED: 06/13/2007 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: PLAN OF CORRECTION A BUILDING B. WING_ 05/24/2007 09GZ11 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) TAG W 149 Continued From page 10 W 149 f. A nursing progress note, dated 5/19/07, revealed that Client #4 sustained a bruise on the right arm. There was no evidence that an investigation had been conducted to determine the cause of the injuries. 3. In future, the staff will be trained to properly monitor Review of the facility's "Incident Management each client to maintain their System (IMS)" on 5/22/07 at approximately 2:45 The QMRP will PM revealed that "All Serious Reportable safety. Incidents shall be investigated by the provider develop a protocol (Client to agency in which occurred, beginning within 12 Client abuse) to prevent hours after the incident was witnessed or 6/25/07 & injuries for staff to adhere to discovered. Reportable incidents shall be Ongoing The QMRP after training. investigated as required by internal agency policy, will ensure that each injury is as determined by the provider agency's Incident accompanied by immediate Management Coordinator or in accordance with licensed treatment by a the District and/or Federal regulatory requirements." Further IMS revealed that incident professional, an "Incident Reports (to include all internal report generated, followed by investigative documents) are to be maintained at various notifications to the provider agency. Incident Reports for non agencies and investigated reportable incidents shall be made available to all accordingly. surveyors upon requests." [See W154] Cross Reference W186 6/25/07 3. The facility failed to implement the governing body's policy of tranportings clients. [See W186] 483,420(d)(2) STAFF TREATMENT OF W 153 W 153 CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as

established procedures.

injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through

This STANDARD is not met as evidenced by: Based on interview, review of the investigative

CENTER	S FOR MEDICARE	& MEDICAID SERVICES	0/5/11	!^	LE CONSTRUCTION	(X3) DATE SUR	VEY
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI			COMPLETE	D
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	THE DISTRICT OF C	COLUMBIA, LLC		30	EET ADDRESS, CITY, STATE, ZIP CODE 173 VISTA STREET, NE 1/ASHINGTON, DC 20018		
ייט ועאוו				L	PROVIDER'S PLAN OF CORRECT	TION	(X5)
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W 153	and incident report Incident Managem failed to ensure the mistreatment, nego funknown origin the administrator by State Law [22] through established clients residing in #6) The findings inclusively as the facility's policy as 1. On 5/14/07, Safter she returned and notice that shand palm. Upon changing her, stand assessed ar was no evidence incident report in the injuries. 2. On 4/30/07, the Client #4 grabbin scratching her. The van because attended to it, but coming out form proceed with the proceed with the proceed with the proceed with the standard to the proceed with the proceed with the proceed with the proceed with the standard to the proceed with t	ts and the review of the facility's hent System (IMS), the facility at all allegations of lect or abuse as well as injuries were reported immediately to or to other officials as required DCMR Chapter 35 - 3519.10] ed procedures for three of six the facility. (Clients # 3, #4, and de: ident reports on 5/22/07 at 2:06 following incidents that had not the administrator according the		153	1-7 The QMRP will enthat each staff and the rare trained on the Inc. Management Protocol the administrator and government agencies notified within the spetimeframe. Each inc. will be investigated proactive strategies will adopted to prevent incidents from reoccut The QMRP will follow all client reported injurice 6/30/07	turses cident and the are cified cident and ill be such rring. up on	6/30/07 & Ongoing

PRINTED: 06/13/2007 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938<u>-0391</u> CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED EMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING AN OF CORRECTION B. WING 05/24/2007 09G211 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE (X4) ID CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **DEFICIENCY**) TAG W 153 Continued From page 12 W 153 right side of cheek. 3. On 4/3/07, staff helping Client #3 undress for shower when noticing a bruise on left should under her bra strap about the size of a nickel. According to the incident report, there was no evidence that a nurse had assessed the bruise and/or notified. P11-14 W153 4. On 11/6/06, while preparing for a shower, staff 1-7 The QMRP will ensure notice a red circle on both thighs grape size that each staff and the nurses marks, about one (1) inch long on Client #6. are trained on the Incident Etiology unknown. Management Protocol the administrator and the 5. On 10/4/06. Client #6 was transported to 6/30/07 & Providence Hospital via residential van. LPN government agencies Ongoing notified within the specified assessed the client this morning during the medication pass as having swollen ankles and Each incident timeframe. instructed staff to take her to the emergency room will be investigated and for further evaluation. proactive strategies will be adopted to prevent such 6, On 9/1/06, Client #6 was discovered by the incidents from reoccurring. day program staff to have a raised area on her The QMRP will follow up on forehead. Staff did not know how the injury occurred, therefore it is an injury of unknown all client reported injuries. origin. 6/30/07 A nursing progress note, dated 5/19/07. revealed that Client #4 sustained a bruise on the right arm. Interview with the Qualified Mental Retardation Professional (QMRP) on 5/22/07 at approximately 3:15 PM revealed the facility follows the Department on Disability Services (DDS) or

(formally known as MRDDA) Incident
Management Policies and Procedures. The
QMRP stated that all injuries of unknown origin or
injuries that's discovered, should be investigated.

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Ø 017

(X3) DATE SURVEY

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	COMPLETED	
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W 153	Continued From p On 5/23/07, the Q investigation report injuries of unknown 5/24/07, the last of was able to product incident on 9/1/06 investigation report led investigation report led investigation report led initiated on 9/1/06 Note: Review of Professional (QN reviewed on 5/24) The month of Apmonicidents report led three (3) incidents three (3) incidents three (3) incidents violations are the continuations are the continuation of the facility must violation are the continuation of the facility of the f	age 13 MRP was asked for its for the aforementioned in origin listed above. On ay of the survey, the QMRP ce one investigation for the . It should be noted that the it was completed by MRDDA ment Investigation Unit. There internal investigation report, lent indicated that one was is the Qualified Mental Retardation IRP) monthly notes were /07 at approximately 9:00 AM, iil 2007 revealed Client #3 had vever, review of the unusual og book on 5/22/07 reflected s. TAFF TREATMENT OF thave evidence that all alleged broughly investigated. D is not met as evidenced by: ew and record review the facility all unusual incidences of injuries in were thoroughly investigated.	V	153			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	UPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLET A BUILDING (X3) DATE SU	URVEY				
<u> </u>		09G211	B. WII	ч с			05/2	4/2007
	PROVIDER OR SUPPLIER THE DISTRICT OF	COLUMBIA, LLC		307	ET ADDRESS, CITY, STATE, ZIP (3 VISTA STREET, NE ASHINGTON, DC 20018	CODE	03/2	412001
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	1. On 5/14/07, Sta after she returned and notice that she and palm. Upon fi changing her, staff scrape marks on he vidence that an ir conducted to determined. 2. According to the she witnessed Clie her hands and son the clients. "I stop only staff and atterwas already comin and I had to proceanother staff for the notice on the right. 3. On 4/3/07, staff shower noticed a bora strap about the evidence that the ininvestigated. 4. On 11/6/06, whin notice a red circle of marks, about one (Etiology unknown report, the incident however, there is no report in the record. 5. On 10/4/06, Clie Providence Hospital assessed the client medication pass as instructed staff to the staf	aff entered Client #3's room home from the day program had scrapes on her left elbow urther observations when f also notice that she also had her knee. There was no hvestigation had been rmine the cause of the injuries. The facility's driver on 4/30/07, ant #4 grabbing #3's face with atching her while transporting the van because she was the haded to it, but at this time, blood g out from the scratch area and with the driving to pick up the van run. Three (3) scratches side of cheek". The lient #3 undress for the size of a nickel. There is no highly of unknown origin was the preparing for a shower, staff on both thighs grape size the propagation on Client #6. According to the incident was investigated on 11/6/06; o evidence of an investigation	W	154	P14-16 W154 1-7 The QMRP will serviced to handle in according to HRDI and procedures. facility's administrat government agencies notified of each incid investigated thereafte future, the QMRP will that all copies of investincidents, internal external, are maintait each client's recorreview when the need 6/28/07	or and will be ent and er. In ensure stigated or ned in rd for		6/2&/07 & Ongoing

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	there is no evidence the records. 6. On 9/1/06, Clied day program staff forehead. Staff did occurred, therefore origin. An investing given to the survey survey. This incide local agency, howe that the facility had investigation. 7. A nursing progrevealed that Clier right arm. There winvestigation had the cause of the interview with the Professional (QMI 11:00 AM revealed incidents had been review reflected nunknown origin had 483.420(d)(4) STACLIENTS The results of all it to the administrate or to other officials within five working	was investigated; however, the of an investigation report in the state of the to have a raised area on her of not know how the injury the it is an injury of unknown ation report for this injury was for on the last day of the eart was investigated by the ever, there was no evidence of conducted it's own internal the state of the ever on the date of the ever on the conducted it's own internal the state of the ever on the ever of the ever on the ever of the ever on the eve		154			
	Based on intervier	w and record review, the facility at investigations were reported					

ATEMENT O	F DEFICIENCIES CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUIL		CONSTRUCTION	(X3) DATE SU COMPLE	TED
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HRDI OF 1	THE DISTRICT OF C				PROVIDER'S PLAN OF CORR	ECTION	(X5) COMPLETION
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	Continued From protection to the administrate with in five working the six clients (Cliente Six clients). The finding included Review of an unuat 2:06 PM reveat discovered by the raised area on the how the injury of Qualified Mental (QMRP) and reveatigations Unitiated an interestigations Unitiated an interestigations Unitiated and the injury of the inguity of the	page 16 or or designated representative g days of the incident, for two of ents #2 and #5) that resided in des: Isual incident report on 5/22/07 aled that Client #6 was ear forehead. Staff did not know scurred. Interview with the Retardation Professional few of the incident report on AM revealed that the facility's hal investigation on 9/1/06. The dan investigation report initiated dent Management and nit (IMIU) to review. Vestigation report, dated 11/21/06, revealed that on 9/20/06, the "Serious Reportable Incident" ay program staff. According to the interport form was submitted to on 9/20/06 (19 days later). There is that the results of the internal as reported to the administrator. ALIFIED MENTAL N PROFESSIONAL. Citive treatment program must be ordinated and monitored by a later at the results of the internal control of the internal and retardation professional.	d	156 W 159	P16-17 W156 In future, the QMRP at Incident Manag Coordinator will ensure each investigated incide reported to the adminity and other affiliated agwithin five (5) working 6/30/07 & Ongoing	ement ; e that is lent is strator cencies	6/30/07 & Ongoing
1	review, the fac	cility Qualified Mental Retardation					sheet Page 17

PRINTED: 06/13/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 09G211 05/24/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY W 159 W 159 Continued From page 17 Professional (QMRP), failed to adequately monitor, integrate and coordinate each client's P17-20 W159 health and safety. 1-11 The OMRP will be in-The findings include: serviced by the Program Director on the policies 1. Clients #1, #2, #3 and #4 have several new regarding provision consultants that started in January 2007. There clients' needs and services in was no evidence that the consultants who signed a timely manner. The QMRP contracts had reviewed the needs of the clients or 6/28/07 &: delivered any services to ensure that the actions will be trained to properly Ongoing of the staff in providing active treatment services monitor. integrate were appropriate. The professional contracts coordinate each client's were reviewed on May 24, 2007 at 12:50 PM. health and safety. [See W234, W249, W255, and W257] 1. Cross Reference W 234 Cross Reference W249 The QMRP failed to ensure that incident Cross Reference W255 management policies and procedures were implemented to ensure the timely reporting and Cross Reference W257 investigation of unusual incidents. [See W149] Cross Reference W149

The QMRP failed to ensure sufficient direct care staff to manage and supervise clients while

4. The QMRP failed to ensure that each

psychiatric assessment. [See W212]

employee had been provided with adequate training that enables the employees to perform his or her duties effectively, efficiently and

5. The QMRP failed to ensure that clients who was receiving psychotropic medications had a

The QMRP failed to ensure program which incorporate restrictive techniques and use of behavior modification were conducted only with

being transported. [See W186]

competently, [See W189]

6.

Cross Reference W186

Cross Reference W189

Cross Reference W212

W262

Cross Reference

and W263

PRINTED: 06/13/2007 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A BUILDING LAN OF CORRECTION 05/24/2007 B. WING 09G211 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 (X6) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) PREFIX TAG W 159 Continued From page 18 W 159 written informed consent. [See W262 and W263] The QMRP failed to ensure that the clients recommended equipment had been maintained and functional for use. [See W436] 7. 8. Following the dinner meal observed on May Cross Reference W436 22, 2007 at approximately 6:20 PM, client #2 was observed to put saliva and chewed food particles 8. The QMRP will in in her hand and rub it across her hair and on future follow up with the 7/02/07 & others who may have been in her immediate Ongoing regarding surroundings. Client #2 was blind and her actions Psychologist did not appear to be targeted at any one person. behaviors inappropriate There was no behavioral support plan on file. manifested by Client #2. After being informed that a plan was not located A Behavior Support Plan in the file, neither the QMRP nor the House is in place to address Manager could locate a copy of the Behavioral Client #2's behaviors. Support Plan (BSP). 7/02/07 A review of clinical records was conducted on May 24, 2007 at 12:35 PM, and a document that reflected "BSP review" dated April 20, 2005 was identified. The document reflected that the plan was to address self stimulation behaviors. "The strategies described in the BSP of April 2004 continues to appropriately address these strategies will remain in place." It could not be determined that Client #2's BSP plan had been reviewed in two years. There was no BSP available during the survey period. Interviews on May 22, 2007 with day program and facility direct care staff, revealed that the Client's

behaviors of wetting her hand and putting the elements over her face and head continues to occur. According to the staff, they were not provided directions to address the behaviors. According to the documentation reviewed on May 23, 2007 at 4:55 PM, client #2 had exhibited the

CENTERS FOR MEDICARE		RE & MEDICAID SERVICES		(II T)D	LE CONSTRUCTION	(X3) DATE SU	(X3) DATE SURVEY	
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W 159	Continued From p	age 19	W	159				
***	behavior 21 times	from May 1 to May 22, 2007.						
	Refer to W255 ensure consistent and enhance skill	and W257. The QMRP failed to opporutnities for clients to learn s.			9. Cross Reference V and W257	W2 55		
	that clients were p	 The QMRP failed to ensure provided the opportunities for treatment in accordance with ogram plans (IPPs). 			10. Cross Reference W249			
' V 186	Professional (QM programs include implementation.	D. The Qualified Mental Retardation of the State of the Professional (QMRP) failed to ensure that training ograms included methodology for staff uplementation. Refer to W234 33.430(d)(1-2) DIRECT CARE STAFF		/ 186	11. Cross Reference W23	34		
	The facility must	provide sufficient direct care and supervise clients in their individual program plans,						
	on-duty staff cald	are defined as the present culated over all shifts in a 24-houd defined residential living unit.	-					
	Based on intervi	D is not met as evidenced by: ew and record review, the facility sufficient direct care staff to pervise clients while being two of four clients residing in the #3 and #4)		,				
	The finding incl	udes:						
	The facility faile policy on transp	d to implemented their facility's orting clients as evidence below:						
	Review of the in	ncident reports on 5/22/07 at 2:06	5					

	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MI	ULTIP	LE CONSTRUCTION	(X3) DATE S	
ND PLAN OF C		IDENTIFICATION NUMBER:	A. BUII	LDING		COMPLE	1100
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W 189	according to the inver witnessed Conter hands and some the stopped the value of the stopped the value of the van run. The ight side of cheek of the van run. The ight side of cheek of the van run. The ight side of cheek of the van run. The ight side of cheek of the van run. The ight side of cheek of the value of the inverse of the value of the ing more state of hing more state of hings more st	cident dated 4/30/07. Icident report, "the facility's Idient #4 grabbing #3's face with atching her. Staff reported that an because she was the only to it, but at this time, blood was it form the scratch area. I had a driving to pick up another staff three (3) scratches notice on the it." House Manager and Qualified in Professional (QMRP) on mately 2:00 PM, revealed that members should be on the van er interview with the House I that they were in the process if to prevent a shortage in ients. Int Transportation Policy" O7 at approximately 11:00 PM a staff member is transporting a be an aid on the vehicle in ver." AFF TRAINING PROGRAM provide each employee with ing training that enables the orm his or her duties effectively,		186	P20-21 W186 The QMRP will ensiconsistent and adequivate staff coverage at home aduring transportation each client per HR policies and procedure. This coordination will done in conjunction with Human Resource Department. In future, QMRP and How Manager will ensure clies afety by having two ston the van during clies transportation. 6/28/07	ate and of DI es. be ith ess he ase ent	6/28/07 & Ongoing

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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W 189	The finding include 1. Observations of conducted on 5/22 revealed Client #3 rapidly while staff with the staff #1 of approximately 7:19 eats very fast and down. Review of the Speciated 11/13/06 on a feeding/swallow indicated that "star Client #3 by adher eating pace at time #3's Nutritional Assame day at approximately 12 had been trained was no evidence for the staff obsertraining document. 2. There was no communications 3. There was no clients behavioral	f the the dinner meal 2/07 beginning at 6:24 PM eating her dinner meal very supervised the table. Interview in the same day at 5 PM indicated that Client #3 has to be prompted to slow eech and Language Assessment in 5/23/07 at 11:12 AM revealed ing protocol. The protocol iff should continue to provide for ring to the attached form to slow he can utilize an acceleration hes." Further review of Client resessment dated 12/8/06 on the oximately 11:25 AM revealed on Conditions" Potential for service training log on 5/24/07 at 1:30 PM revealed that three staff on aspiration on 5/17/06. There that training had been provided rved and there was no current		189	P21-23 W189 1. The Nurse will train son Aspiration Protoregarding Client #3. 6/30/07 2. Cross Reference W249 3. Cross Reference W249 4. Cross Reference W249 a W436 5. Cross Reference W342	ocol	6/30/07 & Ongoing

PRINTED: 06/13/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING B. WING 05/24/2007 09G211 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES 1D (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) YAG DEFICIENCY) TAG W 189 Continued From page 22 W 189 of recommended equipments for clients needing sensory motor devices. Refer to W249 and W436. 5. The facility failed to ensure staff training on clients medical diagnosis. Refer to W342 483.440(c)(3)(i) INDIVIDUAL PROGRAM PLAN W 212 W 212 The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes. This STANDARD is not met as evidenced by: Based on observations, interview, and record review, the facility failed to ensure that one of three clients in the sample who was receiving psychotropic medications had a psychiatric assessment (Client #3); and failed to ensure that one focus client (Clients #4) who were receiving psychotropic medications had a psychiatric P23-24 W212 1 & 2 The OMRP will ensure assessment that each client prescribed The findings include: psychotropic medications has a psychiatric evaluation in 1. Observation of the evening medication 7/3/07 & place. The psychiatrist has administration conducted on 5/22/07 at beginning Ongoing evaluated Clients #3 and #4 at 4:50 PM, revealed Client #3 received Risperdal 1 mg crushed into applesauce by mouth. for restrictive medications Interview with the medication nurse staff on the being administered. same day at approximately 4:57 PM revealed that

the medication was prescribed for maladaptive behaviors. Review of the client's physicians orders dated 4/1/07 on 5/23/07 at approximately 8:49 AM revealed that Risperdal 1 mg by mouth QPM was incorporated in a Behavior Support Plan (BSP) dated 6/7/06, to address behaviors associated with head rubbing, self-harm, and uncooperativeness. Review of Client #3's

7/03/07

FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B, WING 05/24/2007 09G211 STREET ADDRESS, CITY, STATE. ZIP CODE NAME OF PROVIDER OR SUPPLIER **3073 VISTA STREET, NE** HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION (X\$) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES D (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATÉ CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG W 212 Continued From page 23 W 212 medical records on 5/23/07 at 8:49 PM revealed that the psychotropic medications was prescribed to address behaviors associated Depression Disorder with Psychotic features and Behavioral Disorder. Further review of the medical records on the same day at approximately 9:15 AM, revealed no documented evidence of a P23-24 W212 1 & 2 The QMRP will ensure psychiatric assessment. that each client prescribed Observation of the evening medication psychotropic medications has administration conducted on 5/22/07 at a psychiatric evaluation in approximately 5:31 PM, revealed Client #4 7/3/07 &: place. The psychiatrist has received Buspar 15 mg, Risperdal 2 mg, Tegretol Ongoing evaluated Clients #3 and #4 200 mg, and Revia 30 mg crushed into for restrictive medications applesauce by mouth. Interview with the being administered. medication nurse staff on the same day at approximately 4:57 PM revealed that the 7/03/07 medication was prescribed for maladaptive behaviors. Review of the client's physicians orders dated 4/1/07 on 5/23/07 at approximately 10:16 AM revealed that the psychotropic medications were incorporated in a Behavior Support Plan (BSP) dated 6/7/06, to address behaviors associated with head banging and self injurious behaviors. Review of Client #4's medical records on 5/23/07 at approximately 10:16 AM, revealed no documented evidence of a psychiatric assessment. 483.440(c)(4) INDIVIDUAL PROGRAM PLAN W 227 W 227 The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.

This STANDARD is not met as evidenced by:

Based on the review of records, the

06/13/2007 04:30 FAX 2024429430 PRINTED: 06/13/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER. AND PLAN OF CORRECTION A. BUILDING B. WING 09G211 05/24/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3073 VISTA STREET, NE** HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES 1D (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) W 227 Continued From page 24 W 227 Interdisciplinary Team failed to ensure that the social worker's recommendation had been developed into an objective and implemented to address the identified need of client #1 in the P24-25 W227 sample. The QMRP has developed a program for Client #1 to The findings include: enhance her socialization 7/1/07 & skills. Staff will be trained On May 23, 2007 at approximately 11:10 AM, Ongoing client #1's social work assessment dated January by the QMRP to properly 4, 2007 was reviewed. The assessment reflected implement this goal/objective that client #1 had a need to enhance her social as outlined. skills. The social worker recommended a 7/01/07 socialization program. The program involved the client passing items to her peers during family style meals. The recommendation had not been established as an objective as of this survey and no documentation was available to determine that the recommendation had been implemented. W 234 483,440(c)(5)(i) INDIVIDUAL PROGRAM PLAN W 234 Each written training program designed to implement the objectives in the individual program plan must specify the methods to be used. This STANDARD is not met as evidenced by: Based on the review of individual program plans (IPP), the Qualified Mental Retardation Professional (QMRP) failed to ensure that training programs included methodology for staff

implementation.

The findings include:

at approximately 11:25 AM.

Client #1's IPPs were reviewed on May 23, 2007

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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	ULTIPLE CONSTRUCTION LDING	(X3) DATE SU COMPLE	
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W 249	instructions for the of these objectives will brush he prompting. Client will lotion se consecutive session outing with visual of 483.440(d)(1) PROME As soon as the interformulated a client each client must restreatment program interventions and sand frequency to service will be a consecutive service.	did not include the written direct care staff to implement th consistentcy. If teeth with 100% verbal of with verbal assistance eight ons, an item on a community of individual program plan, of individual program plan	W 2	P25 W234 The Program Directo train the QMRP to p staff with skill acquiprograms to assist the sproperly implement program. 7/03/07 & Ongoing	rovide isition staff to	7/3/07 & Ongoing
	plan. This STANDARD Based on observa review, the facility were provided the active treatment in individual program The findings include 1. Client #2's IPP records were revision.			P26-28 W249 1&2 The QMRP will staff to implement pro and interact with clie indicated on the data and client #2 will be given opportunity to enhance skills through or engagement in activities 6/30/07	grams nts as sheets. en the ce her ngoing	6/30/07 & Ongoing

PRINTED: 06/13/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: PLAN OF CORRECTION A. BUILDING B, WING 09G211 05/24/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (XE) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRĖFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG DEFICIENCY) W 249 W 249 Continued From page 26 program that read "will improve expressive language skills by using the sign eat for 80% of the opportunities with hand/hand. Observations of snack times were made on May 22, and 23. 2007 at approximately 4:15 PM each day and a dinner meal on May 22, 2007 at approximately 6:10 PM. There were no attempts observed to have client #2 to sign eat at the given opportunities. During the observation period on May 22, 2007, client #2 was observed to be visually impaired. The House Manager confirmed that client #2 was blind. This diagnosis was also included on the Medical assessment dated P26-28 W249 January 23, 2007 that was reviewed on May 22. 1&2 The QMRP will train 2007 at 6:00 PM. staff to implement programs 6/30/07 & and interact with clients as Ongoing The psychological assessment dated January indicated on the data sheets. 2007 that was reviewed on May 23, 2007 at 3:45 Client #2 will be given the PM reflected that the client should be encouraged to participate in sensory activities including sound, opportunity to enhance her smell, tast, and touch. Further stated was the "it skills through ongoing would be helpful to tailor activities around her engagement in activities. senses". 6/30/07 On May 23, 2007 at 4:03 AM, the House Manager indicated that sensory motor equipment was in the facility. The equipment shown included a sensi- ball switch, vibrating mini bubbles, gooshy switch, oval tax multi sensory, and high music vibration enabling device. These items were inoperable perhaps due to having no batteries.

Although music played while all clients were sitting out on their porch, this was the only sensory motor functioning activity provided during the observation. It could not be determined that client #2 had been engaged in the multiple

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W 249 Continued From page 27 sensory task/activities as recommended. 3. Client #2's IPP and data was reviewed on May 24, 2007 at approximately 11:00 AM. a. Client #2 had an objective which read "will participate in an activity with her peers or staff with verbal assistance". The focus of the program was identified to be "setting the table". There was no opportunity offered or attempted during May 22, 2007 dinner meal or the snack times on May 22 and 23, 2007. The documentation that was reviewed reflected that the client had performed at 0% since January 2007. b. Client #2's had an objective to "stack utensils on top of her plate". There was no opportunity offered or attempted during May 22, 2007 dinner meal or the snack times on May 22 and 23, 2007. 483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on record review, the Qualified Mental Retardation Professional (QMRP) failed to revise objectives identified in the individual program plans (IPPs)as they had been successfully achieved for one (#1) of four clients in the sample.	P28 W249 conts 3 a & b Staff will be tr to assist clients by prov opportunities for each to perform tasks that enhance their skills. 7/03/07	riding 7/3/07 & Ongoing

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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W 255	The findings included IPPs and related dated May 23, 2007 at 11 revisions made to pachieved at the stabelow. a. Client #1's IPP is complete task with on 4/4/ trials. The from January 2007 performed at 100% meeting the criterious. b. Client #1's finant would purchase an with visual cues. A reviewed, the client.	e: ata collection was reviewed on :10 AM. There were no brograms that had been ted criterion level as reflected indicated that the client would peers using verbal assistance documentation reflected that to April 2007, the client	W 255	P28-29 W255 a & b The QMRP will trained to monitor and revi Client #1's program plan a modify, discontinue or rev programs when achieved criterion outlined. 6/28/07 & Ongoing	ew and vise	6/28/07 & Ongoing
W 257	interviewed on May the direct care staff 22, 2007 at 11:20 A purchasing task will with gestures for the lt could not be detecontinued to be chaused as a 440(f)(1)(iii) PECHANGE The individual progleast by the qualified professional and response to the progress to the direct continued to significant to the progress to the direct continue to progress to the direct continue to progress to the direct continue to the progress to the direct continue	direct care staff at the facility 22, 2007 at 5:20 PM and with at the day program on May M, client #1 performs the verbal prompting coupled a actual purchasing exchange. Immined that client #1 had alleged in her goal areas. ROGRAM MONITORING & Tam plan must be reviewed at a mental retardation evised as necessary, including tuations in which the client is toward identified objectives forts have been made.	W 257			

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STATEMENT AND PLAN C	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1`'	ULTIPL LDING	LE CONSTRUCTION	COMPLE	
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W 257	Continued From	page 29	w	257			
	Based on record Retardation Profobjectives identificatives identifications (IPPs) that clients #1 and #2. The findings incl. 1. Client #1's IP reviewed on Markevisions had not been malevels. Client #1 had an verbal prompting for this program met criterion an with verbal prompting for this program met criterion an with verbal prompting for this program met criterion and with verbal prompting for this program prompting for this program that records were no revision encourage the courage the courage the courage that revisions made mastered based According to cliprogram that relanguage skills opportunities we to have started				P29-32 W257 1-3 In future, the QM revise programs that been achieved for Cli and #2. The QMI indicate in future, in motes, the status of goal/objective as Can the QMRP will reaccurate documentate each program status. 6/28/07 & Ongoing	at have ients #1 RP will monthly of each outlined.	6/28/07 & Ongoing

(X3) DATE SURVEY

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 257	determined that the initiated in Februa changes to the obspeech assessment reflected "continue program as she disigns will be added. The documentation 20 the trials. April 20 over hand and 60 been recorded at Although the clier criterion, there we objective. 3. Client #2 had participate in an awith verbal assist program was ide There was no op during May 22, 2 times on May 22 documentation reperformed at 0% 2007. It should be men reflected that clie April and May 20 QMRP as to what performance. To the program of elaborate as to vincreased achier.	ry 2006 with. There were no jective since that time. The ent dated October 18, 2006 e with her communications emonstrates growth, more basic d." on reflected that from December 07 trials were refuses 100% of 07's data reflected 40% hand % refusal, and May 2007 had 100% refusals. Int continued to unachieve the ere no revisions to the IPP or the ere no revisions to the IPP or the appropriate to be "setting the table". portunity offered or attempted 007 dinner meal or the snack and 23, 2007. The eviewed reflected that the client of from January 2007 to March what may have precipitated this what may have precipitated this		257	P29-32 W257 1-3 In future, the QMR revise programs that been achieved for Clie and #2. The QMR indicate in future, in m notes, the status of goal/objective as ou The QMRP will m accurate documentati each program status. 6/28/07 & Ongoing	have ents #1 P will conthly cach ttlined. aintain	6/28/07 & Ongoing
	There evidence	aid not support that chefit #2 5	-				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED	
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W 26	program had bee client's success 483.440(f)(2) PE CHANGE At least annually must be revised process set forth This STANDAR Based on review plans (IPPs), the failed to make re of the objectives. The findings inc. Client #1's asse documentation 11:10 AM. The individual suppowere continued. The Occupation reviewed was direcommendation toothbrushing, a purchase, and assessment fur programs are pishould be continued. The written IPP criterions and of the January 20	en revised to encourage the in the mastery of this objective. ROGRAM MONITORING & COGRAM & COGRA		P32 W260 The QMRP as the facion of an ISP will ensure of future, a repeated probjective from a properties of provided in the The QMRP will ensure each service or provided to each cliniquatified. 6/28/07 P33 W262 Cross Reference W124	chat in ogram evious e ISP. re that need eent is	6/28/07 & Ongoing
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	& MEDICAID SERVICES (X1) PROVIDER/SUPPLER/CLIA IDENTIFICATION NUMBER:	(K2) MOLTIFLE GOTTO TO	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER

HRDI OF THE DISTRICT OF COLUMBIA, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE 3073 VISTA STREET, NE WASHINGTON, DC 20018

HRDI OF THE DISTRICT OF COLUMNIA, 223		1	WASHINGTON, DC 20010			
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T ii ii	Continued From page 32 The committee should review, approve, and nonitor individual programs designed to manage nappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.	W 20	62			
	This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility's Human Rights Committee (HRC) failed to review, approve, and monitor the use of psychotropic medications to manage inappropriate behaviors for one of three clients included in the sample. (Client #3)					
i i	CHANGE	\ \ \ \	V 263			
	The committee should insure that these program	ıs				

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NAME OF PROVIDER OR SUPPLIER HRDI OF THE DISTRICT OF COLUMBIA, LLC STREET ADDRESS, CITY, STATE, ZIP CODE 3073 VISTA STREET, NE WASHINGTON, DC 20018		
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W 263 Continued From page 33 are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on interview and record review, the facility's specially-constituted committee (Human Rights Committee) failed to ensure that restrictive programs were used only with written consents, for two of four clients residing in the facility. (Client #3 and #41 bean obtained for the use of Client #3 and #41 Behavior Support Plan (BSP) in conjunction with the use of prescribed psychotropic medications as evidenced below. 1. There was no evidence that written consent had been obtained for Client #3 Behavior Support Plan (BSP) which included prescribed psychotropic medication. Interview with Qualified Mental Retardation Professional (QMRP) on 5/22/07 at approximately 2:35 PM revealed that Client #3 did not have written informed consent signed by a guardian or any other person identified as responsible at the time of the survey; however, the QMRP has submitted paper to obtain guardianship for the client. [See W124] 2. There was no evidence that written consent had been obtained for Client #4's Behavior Support Plan (BSP) which included prescribed psychotropic medication. Interview with Qualified Mental Retardation Professional (QMRP) on 5/22/07 at approximately 2:35 PM revealed that Client #3 did not have written informed consent signed by a guardian or any other person identified as responsible at the time of the survey; however, the QMRP has submitted paper to obtain guardianship for the client. [See W124] 2. There was no evidence that written consent had been obtained for Client #4's Behavior Support Plan (BSP) which included prescribed psychotropic medication. Interview with Qualified Mental Retardation Professional Quardian for Client #4's Behavior Support Plan (BSP) which included prescribed psychotropic medication. Interview with Qualified Mental Retardation Professional Quardian for Client #4's Behavior Support Plan	6/28/07 & Ongoing	

(X3) DATE SURVEY

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/24/2007	
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W 263 W 322	Client #4 did not h signed by a guard identified as respo however, the QMF obtain guardiansh 483,460(a)(3) PH	mately 2:35 PM revealed that ave written informed consent ian or any other person insible at the time of the survey; RP has submitted paper to ip for the client. [See W124] YSICIAN SERVICES		322			·
	Based on medicate to ensure medicate through time for two of three of the finding included. 1. On May 22, 20 PM, client #1's management of the medical assistance of the commendation timely as evidence a. According to 11, 2006, client with obtained for the allow brushing or reflected that if the procedure with the procedure with the this examination attempted Marchand M	007, between 2:05 PM and 4:00 edical records were reviewed. essment dated September 19, e following medical procedures were not completed	d		P35-39 W 322 1. a & d The results Client #1s GYN and I have been obtained ar future, the RN and nursing team collaboration with QMRP will ensure tha results are obtained timely manner. 6/25/07	eKG in the in the the the	6/25/07 & Ongoing

PRINTED: 06/13/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B, WING 09G211 05/24/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 322 W 322 Continued From page 35 time of the survey, the result were not available and the physician had not made further reference to the results in follow up monthly notes. b. According to client #1's mammogram report 1. b & c Client #1 has been dated March 27, 2006, the client was to have a return visit in twelve months. At the time of the scheduled for survey, the annual mammogram had not been Mammogram and BSER done. The surveyor the Registered Nurse (RN) follow up as indicated. In discussed the appointment. On May 24, 2007, at future, the RN, nursing 6/15/07 & 11:30 AM, the RN informed the surveyor that Ongoing team and OMRP will client #1 was not seen at the time that the other ensure that appropriate clients received their mammograms because the medical follow up is done LPN was told that client #1 required a diagnostic for the client. mammogram. The RN scheduled the exam at the time of survey for June 11, 2007. 6/15/07 The facility failed to ensure that client #1 received a timely diagnostic mammogram as recommended. It should be mentioned that the facility medical staff conducts quarterly breast examinations and documents the findings. c. According to client #1's ENT report reviewed at 3:55 PM, client #1 was seen August 7, 2006 and had the right ear wax removed and the left ear wax was partially removed. Debrox for the left ear wax prescribed for one month prior to follow up. There were further instructions to follow up in six months to one year and then have the audiological performed.

m/2 - - -----

Client #1 was seen by the audiologist for a (Brainstem Response) BSER on October 31, 2006. The client was diagnosed with excessive cerumen in the left ear. The facility was requested to not return the client until the ears are cleared.

The nursing staff failed to follow through on the

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W 322	d. According to the on an August 7, 2 client #1 had a dia noted by the priminad an EKG conditions. The surve locate the results 11:53 AM. The refacility. There we the EKG identifies summaries by the 2. The facility fail	ne primary physician's notation 1006's consultation document, agnosis of hypertension. Also ary physician was that client #1 ducted and that the report was to eyor and the RN attempted to of the EKG on May 25, 2007 at 1007 was not available at the ere no follow up notations about d in the following months of the primary physician.	W	322	P35-39 W 322 1. a & d The result Client #1s GYN and have been obtained future, the RN are nursing team collaboration with QMRP will ensure the results are obtained timely manner. 6/25/07	d EKG and in in in the in the hat her	6/25/07 & Ongoing
	22, 2007 at approvas standing approved the table where a fifteen to twenty all of her food. To observed or over An interview with staff was conducted and. This interview also prescrit on May 23, 2003 surveyor inquired guidelines for each	observed having dinner on May eximately 6:08 PM. The surveyor proximately twelve inches from all clients were seated. Within seconds, client #1 had consumed here was no intervention theard. I client #1's lead day program ated on May 22, 2007 at 11:20 aw revealed that client #1 was a independently; however, the bred to slow down. The client bed a chopped diet. I at approximately 9:00 AM, the dias to rather client #1 had any ting as part of her meal plan. I dated November 13, 2006 was			W322 2 a & b The QMRP ensure that the staf retrained on Aspiration Clients #1 and #3. Per mealtime observations be made by the QMI ensure proper staff assis of clients at mealtime. 6/28/07	f is n for riodic will RP to	6/28/07 & Ongoing

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 06/13/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M(A, BUI		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G211	B. WIN	G		05/24	/2007
•	ROMDER OR SUPPLIER	OLUMBIA, LLC		307	ET ADDRESS, CITY, STATE, ZIP CODE '3 VISTA STREET, NE ASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULO BE	(XS) COMPLETION DATE
W 322	reviewed on May 2 report reflected "hoguidelines to prom report noted by spereflected "follow eather speech therapic client #1's training attached slow eating attached slow eating no attached protocold the could not be detected eating pace had be formal and consist choking. b). During observe conducted on May PM, Client #3 was meal. The client while staff supervithe staff #1 on the 7:15 PM indicated and has to be protocold eated 11/13/06 on a feeding/swallow indicated that "stare Client #3 by adhere eating pace, as she eating pace, as she eating pace at time #3's Nutritional As same day at approunder the "Nutritional paper with the speriment of the instance of	3, 2006 at 9:00 AM. This ome should continue to use ote slow eating rate". Another each and dated June 8, 2006 ating and texture guidelines per st. A document identified in book reflected "pace by using a rate protocol". There was		322	b The QMRP ensure that the staff retrained on Aspiration Clients #1 and #3. Periomealtime observations be made by the QMRP ensure proper staff assista of clients at mealtime. 6/28/07	is for odic will to	6/28/07 & Ongoing

DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING _ 05/24/2007 09G211 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES 1D PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAĞ DEFICIENCY) TAG W 322 Continued From page 38 W 322 no evidence that training was effective. The facility failed to followed the feeding/swallowing protocol as recommended by the Speech and Language Pathologist. Note: The medical assessment date September 19, 2006 reflected diagnoses to include hypertension and history of carcinoma of left breast, left breast mastectomy. 483.460(c)(5)(iii) NURSING SERVICES W 342 W 342 Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients. This STANDARD is not met as evidenced by: P39-40 W342 The RN and/or LPN will Based on observation, interviews, and the review train the direct care staff on of training records the facility's nursing services failed to ensure that the direct care staff had been signs and symptoms of provided training in detecting signs and aspiration. The QMRP will symptoms of Illness or dysfunction for one of four 7/01/07 & follow up with periodic Ongoing clients in the sample. observation at mealtimes to ensure that prompt Client #1 The finding includes: to slow down her eating pace Client #1 was observed having dinner on May 22, to prevent choking. 2007 at approximately 6:08 PM. The surveyor was standing approximately twelve inches from 7/01/07 the table where all clients were seated. Within fifteen to twenty seconds, client #1 had consumed all of her food. There was no intervention observed or overheard.

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES				FORM A	APPROVED 0938-0391
TATEMENT	S FOR MEDICARE OF DEFICIENCIES FORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SU COMPLE	RVEY TED
IND PLAN O	CORRECTION	09G211	B. WING			05/24/2007	
	ROVIDER OR SUPPLIER	096211	1	STR	REET ADDRESS, CITY, STATE, ZIP CODE		
	THE DISTRICT OF C	COLUMBIA, LLC		_	073 VISTA STREET, NE NASHINGTON, DC 20018		
HKDI OF	SUMMARY STATEMENT OF DEFICIENCIES				PROVIDER'S PLAN OF CORRE	CTION	(XS) COMPLETION
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREF TAC	=IX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	DATE
W 342	Continued From D	age 39	W	342			
W 436	Based on staff per meal, it could not learne staff, overses trained to address and potential for a The training recorrapproximately 11: direct care staff the received training signs and symptomo current trained 483.470(g)(2) SP. The facility must and teach clients choices about the hearing and othe	Continued From page 39 Based on staff performance during the dinner meal, it could not be determined that the direct care staff, overseeing client #1's meal, had been trained to address client #1's rapid eating pace and potential for aspiration. The training record reviewed on May 24, 2007 at approximately 11:30 PM reflected that out of nine direct care staff three direct care staff had received training on May 17, 2006 on detection of signs and symptoms of aspiration. There were no current trained direct care staff. 483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses,		/ 436	6		
	This STANDARD Based on observeriew, the facility were provided we equipment, for two sample. (Client The findings inclimated the facility failed stimulation tools repair. 1. Observations Client#4 revealed.	o is not met as evidenced by: vation, interview, and record y failed to ensure that clients ith necessary adaptive vo of four clients included in the #2, #4)			P40-41 W436 1. The QMRP and the Manager check equipment used on a basis to ensure that Chas her stimulating The QMRP will ensure that the items to make functional at all times 6/28/07 & Ongoing	the monthly lient #4 g tools. ure that used for e them	6/28/07 Ongois

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 06/13/2007 FORM APPROVED OMB NO. 0938-0391 ,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) M A. BUII		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G211	B. WIN	IG		05/24	V2007
	ROYIDER OR SUPPLIER	COLUMBIA, LLC		307	ET ADDRESS, CITY, STATE, ZIP CODE 3 VISTA STREET, NE SHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	-	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
W 440	5/24/07 at approxi Psychological Ass assessment docur recommendations stimulations tools environment through with the House Marevealed that Clier stimulations tools, the surveyor with a mini bubbles, the sensory, and high all of which require with the house mabeen without open Therefore, the stir for the client's use 2. The facility faile functional sensory to W249. 483.470(i)(1) EVA The facility must be quarterly for each This STANDARD Based on staff interceits facility failed to ho all shifts. The finding including Interview with the Professional (QMI)	mately 3:50 PM revealed essment dated 11/30/06. The mented that given the following, "Promote use of sensory and exploration of her igh touch and smell". Interview anager on 5/23/06 at 4:03 PM int #4 has several sensory. When asked to see the inhe house manager presented a sensi- ball switch, vibrating gooshy switch, oval tax multimusic vibration enabling device ad batteries. Further interview anager revealed that tools have atting batteries for over a month. Inulation tools was not available in stimulation equipment. Refer incurrence is not met as evidenced by: erview and record review, the indicated mental Retardation estimated in the staffing of the staffing of at 3:15PM revealed the	W	440	2. Cross Reference W249		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/13/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE S COMPLE	
		09G211	B. WING		05/2	<u>4/2007</u>
	ROVIDER OR SUPPLIER		30	EET ADDRESS, CITY, STATE, ZIP COI 073 VISTA STREET, NE VASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(CACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETION DATE
W 440	Review of the fire to February 2007 hold fire evacuation	ends 4 PM 10 PM - 4 PM to 10 PM	W 440	P41-42 W440 The QMRP will ensure each shift conducts of drill a month. The and the House Managed develop a system to them of each drill conducted. Staff will be done to compliance with drill shifts. 6/28/07	one fire QMRP ger will remind to be training ensure	6/28/07 & Ongoing

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A BUILDING	"	(X3) DATE SURVEY COMPLETED	
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«E OF PI	ROMDER OR SUPPLIER		1		TATE, ZIP CODE		
HRDI OF	THE DISTRICT OF C	COLUMBIA, LLC		A STREET, I TON, DC 20			
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1 000	INITIAL COMMEN	TS		1000			
	22, through May 24 three clients was in residential populati additional client was focus. All clients in profound mental rehad diagnosis of b psychiatric diagnosis prescribed. The climited to no skills The findings of this at the facility and cat both the facility actionical, medical, a	rey was conducted fra 4, 2007. A random so itially selected from the sample had dialetardation. Two of the lindness and three class for which medicates for which medicates for which medicates in verbal communicates survey based on obtain the selected from th	ample of a a solution				
1 043	3502.2(c) MEAL S	ERVICE / DINING A	REAS	[043			
	Modified diets sha	ll be as follows:					
	(c) Reviewed at le	ast quarterly by a die	etitian.	, '	P1 1043 The QMRP will Client #3's record		
	This Statute is no The findings include	t met as evidenced t de:	by:		monthly basis and ens the Nutritionist has re	sure that	6/28/07 & Ongoing
	4/1/07 and annual 12/8/06 revealed t Low-fat, Low Chol chopped. Further evidence that a di	nt #3's physician's or I nutritional evaluatio that she was prescrit lesterol 1500 calorie record review failed etitian or nutritionist plan at least quarter	n dated ped a diet, finely to show had		the records as indicated quarterly basis. 6/28/07		
	()	ERVICE / DINING AF	REAS	1 052			
lealth Repu	llation Administration		•				

LABORATORY DIRECTOR'S OR PROVIDENSUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

Health Regulation Administration

Health R	egulation Administra	ition		 -		Τ			
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIF A. BUILDING B. WING	PLE GONSTRUCTION	(X3) DATE SU COMPLE	TED		
		09G211	*********	DDRESS, CITY, STATE, ZIP CODE					
NAME OF P	ROMDER OR SUPPLIER		1						
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1 052	Continued From pa	age 1		I 052					
	tables, chairs, eating designed to meet to each resident. This Statute is not The findings included the provided with was no encourage utensils as appropriate index of the provided with the p	observation conducted imately 6:20 PM, all a spoons to eat with the ment for clients to utifiate. Clients #1 and did not reflect that the ble of using or learn	es eeds of y; ed on May clients There illize other ! #2's nese		P1-2 1052 The staff and QMRP encourage Clients #1 at to use other cutler mealtimes. The QMR ensure that the table with these items for clients to learn how them. 6/28/07	nd #2 y at P will is set or the	6/28/07 & Ongoing		
1 055	Each GHMRP shat proper feeding ted appropriate use to special feeding proof the findings included. The facility fails encourage client fast pace. Client #1 was obsequent at approximation was standing appoint the table where all fifteen to twenty seconsumed all of here	eRVICE / DINING AF Ill train the staff in the chniques and monitor assist residents who acedures or utensils. It met as evidenced to de: ad to provide safe te- full from consuming from consuming from the second from the	e use of their or require or require on May 22, surveyor thes from I. Within d		P2-4 1055 1-2 The QMRP will enthrough periodic mean observation that the provide interventions will promote client safe client #1 and #3. The Qwill follow up on an ecessary protocols and staff to adhere recommendations mad Professional staff at all 7/03/07	staff that ety to MRP Il the I train to le by	7/03/07 & Ongoing		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MÜLT A. BUILDII	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ì		09G211		B. WING		05/2	4/2007	
NAME OF F	PROVIDER OR SUPPLIER			412001				
				TA STREET STON, DC 2				
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1 055		•	namm.	l 055				
	staff was conducted AM. This interview capable of eating in	ient #1's lead day production May 22, 2007 at revealed that client # idependently; however d to slow down. The d a chopped diet.	: 11:20 #1 was er, the					
	On May 23, 2007 at approximately 9:00 AM, the surveyor inquired as to rather client #1 had any guidelines for eating as part of her meal plan. A speech report dated November 13, 2006 was reviewed on May 23, 2006 at 9:00 AM. This report reflected "home should continue to use guidelines to promote slow eating rate". Another report noted by speech and dated June 8, 2006 reflected "follow eating and texture guidelines per the speech therapist. A document identified in client #1's training book reflected "pace by using attached slow eating rate protocol". There was no attached protocol.				·			
	been trained in the of techniques to assist	MR failed to demonstrate that staff had ned in the use of proper feeding es to assist residents who required seding procedures or utensils.			P2-4 1055 1-2 The QMRP will ens through periodic mealti	me		
	PM, Client #3 was o meal. The client was while staff supervise the staff #1 on the s 7:15 PM indicated the	observations of the the dinner meal on May 22, 2007 beginning at 6:24 #3 was observed eating her dinner client was observed eating very rapidly supervised the table. Interview with on the same day at approximately dicated that Client #3 eats very fast be prompted to slow down.			will promote client safety client #1 and #3. The QM will follow up on all necessary protocols and to staff to adhere recommendations made	that to train to by	7/03/07 & Ongoing	
	Review of the Speed Assessment dated 1 AM revealed a feedi	11/13/06 on 5/23/07 :	at 11:12 col. The		Professional staff at all tir 7/03/07	nes.		

Health Regulation Administration

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	STATEMENT OF DEFICIENCIES (X1) P (X1) P (X1) P (X1) P (X1) P		R/CLIA MBER:	A BUILDING			RVEY		
		09G211	_	B. WING 05/24/2007					
NAME OF PE	ROVIDER OR SUPPLIER	<u> </u>	STREET ADD	DRESS, CITY, STATE, ZIP CODE					
•	THE DISTRICT OF C	COLUMBIA, LLC	3073 VIST. WASHING	A STREET, N TON, DC 200	018				
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l 055	provide for Client # form to slow eating acceleration eating review of Client #3 dated 12/8/06 on the 11:25 AM revealed Conditions. Potent Review of the in stapproximately 12:3 been trained on as no evidence that to	that "staff should con f3 by adhering to the g pace, as she can ut g pace at times." Fur 's Nutritional Assess he same day at approdunder the "Nutrition tial for aspiration. ervice training log on 30 PM revealed that spiration on 5/17/06. raining was effective.	attached ilize an ther ment oximately 5/24/07 at staff had There was	I 055					
	facility failed to foll protocol as recom Language Patholo 3504.1 HOUSEKE The interior and e maintained in a sa and sanitary manaccumulations of odors. This Statute is not The findings included the During the environ 2007 at 9:35 AM, excessive moldinand around the weathroom.	lowed the feeding/sw mended by the Spee ogist. EEPING Exterior of each GHMR afe, clean, orderly, attace and be free of dirt, rubbish, and obju- ot met as evidenced to de: Inmental inspection of the surveyor recogning was found on the waindow casing of the servers.	allowing ch and RP shall be ractive, ectionable by: May 24, zed that rindow ceil		P4 1090 The window sill has cleaned and in future QMRP and House Mawill conduct more environmental check ensure that the facilic clean. The Mainte team will be called to any items that need attention of the facility of the	, the nager onthly to ty is nance repair	6/28/07 & Ongoing		
1 135		ETY all conduct simulated effectiveness of the p		1135					

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Health Regulation Administration (X3) DATE SURVEY **STATEMENT OF DEFICIENCIES** (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING _ 05/24/2007 09G211 STREET ADDRESS, CITY, STATE. ZIP CODE NAME OF PROVIDER OR SUPPLIER 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETÉ (X4) ID (D) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY 1 135 1135 Continued From page 4 four (4) times a year for each shift. P4-5 1135 The QMRP will ensure that each shift conducts This Statute is not met as evidenced by: The finding includes: one fire drill a month. The OMRP and the House Interview with the Qualified Mental Retardation Manager will develop a Professional (QMRP) and review of the staffing system to remind them of pattern on 5/22/07 at 3:15PM revealed the each drill to be conducted. scheduled shifts are as follows: Staff training will be done Weekdays/Weekends to ensure compliance with 6/28/07 & drills on all shifts. Ongoing 1st Shift 8 AM to 4 PM 2nd Shift 2 PM to 10 PM - 4 PM to 10 PM 6/28/07 3rd Shift 10 PM to 6 AM & Ongoing Review of the fire drill log for April 2007 through to February 2007 revealed that the facility failed to hold fire evacuation drills for all shifts on a quarterly basis. Drills were not conducted on the third shift. 1 203 3509,3 PERSONNEL POLICIES 1203 The Human Resources Each supervisor shall discuss the contents of job Department in descriptions with each employee at the beginning the with collaboration employment and at least annually thereafter. QMRP will ensure that each employee working in This Statute is not met as evidenced by: The findings include: the facility has a signed 7/10/07 & job description. Ongoing Personnel records reviewed on May 24, 2007 at 9:50 AM revealed that seven out of ten staff to 7/10/07 include the House Manager did not contain current signed job descriptions.

1206 3509.6 PERSONNEL POLICIES

1206

Health Re	egulation Administra	ation		· · · · · · · · · · · · · · · · · · ·		(X3) DATE S	IOVEY
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPLE	ETED
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NAME OF PE	ROVIDER OR SUPPLIER				TATE, ZIP CODE		
	THE DISTRICT OF C	OLUMBIA, LLC	3073 VIST WASHING	A STREET, I TON, DC 20	NE 1018 		
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1 206	Continued From p	age 5		1 206			
	annually thereafte certification that a	rior to employment a r, shall provide a phy health inventory has at the employee 's he r her to perform the r	been ealth status				
	Personnel record 9:50 AM revealed weekly schedule	ot met as evidenced lade: Is reviewed on May 2 if that three staff listed did not have files availabe PPD on thave availabe PPD	4, 2007 at d by the allable for ates. Two		P5-6 1206 The Human Resord Department collaboration with QMRP will ensure each employee Professional staff had current PPD and had certificate.	in the that or as a	7/10/07 & Ongoing
	→ GHMRP failed to	des: ersonnel files on 5/24 o provide current hea he following consulta	ith				
1 20	Each GHMRP s references on e shall employ an the following: (a) Child or resi under his or her	sonnel Policies thall obtain employme ach employee and no individual who has a dent abuse or abuse r care and supervisio not met as evidence	o GHNIKP i history of of someone n;	1 209			

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Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B. WING 09G211 05/24/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1209 1209 Continued From page 6 P6-7 1209 Personnel records were reviewed on May 24, The Human Resources 2007 at 9:50 AM. Three staff files were not made Department in available for review. Three other staff files did collaboration with the not containe police clearences. QMRP will ensure that each employee has a 7/10/07 & 1210 1 210 3509.9(b) PERSONNEL POLICIES Ongoing current file with police clearances for review as it Each GHMRP shall obtain employment references on each employee and no GHMRP pertains to abuse. shall employ an individual who has a history of the following: 7/10/07 (b) Neglect; 1210 This Statute is not met as evidenced by: Resources The Human The findings include: Department in collaboration with the OMRP will ensure Personnel records were reviewed on May 24, 7/10/07 & that each employee has a 2007 at 9:50 AM. Three staff files were not made Ongoing current file with police available for review. Three other staff files did not containe police clearences. clearances for review as it pertains to neglect. 1211 3509,9(c) PERSONNEL POLICIES 7/10/07 Each GHMRP shall obtain employment references on each employee and no GHMRP 1211 shall employ an individual who has a history of the following: Resources Human The Department in collaboration (c) Exploitation; or... with the QMRP will ensure 7/10/07 & This Statute is not met as evidenced by: that each employee has a Ongoing The findings include: current file with police clearances for review as it Personnel records were reviewed on May 24, pertains to Exploitation. 2007 at 9:50 AM. Three staff files were not made available for review. Three other staff files did 7/10/07 not contain police clearences.

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Health R	egulation Administra	ation		1			
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 09G211		A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/24/2007	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
HRDI OF	THE DISTRICT OF C	OLUMBIA, LLC		A STREET, I TON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	UMMARY STATEMENT OF DEFICIENCIES I DEFICIENCY MUST BE PRECEDED BY FULL ATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
I 212	references on each shall employ an ind the following:	NNEL POLICIES Il obtain employment n employee and no G lividual who has a hi n sexual offense or vi	SHMRP story of	1212	P8 1212 The Human Resord Department in collaboration with the QMRP will esthat each employee for current file with clearances for review pertains to sexual or working conviction.	ensure nas a police as it	7/10/07 & Ongoing
l <u>222</u>	The findings included Personnel records 2007 at 9:50 AM. available for review not containe police 3510.3 STAFF TROTHER Shall be contraining programs. This Statute is no	were reviewed on M Three staff files wender. Three other staff to e clearences. AINING attinuous, ongoing in- scheduled for all per	lay 24, e not made files did service sonnel.	1 222	7/10/07 P8 1222 Cross Reference W189		
1 379	In addition to the reach GHMRP sha Health, Health Faunusual incident cinterferes with a rearrangement, wel	ciency Report Citatio	at in 3519.5, lent of y other antially elfare, living er way	1 379			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER; 09G211		MBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/24/2007		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		ŀ
	HRDI OF THE DISTRICT OF COLUMBIA, LLC 3073 VIS WASHIN			A STREET, N TON, DC 200	NE 018		
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1 379	•	age 8 one immediately and	shall be	1 379			
	followed up by writ	ten notification within ours or the next work	ı I				
	This Statute is no The findings include	t met as evidenced b des:	y:				
	on 5/2207 at 2:06 incidents had not to	Review of the unusual incident reports conducted on 5/2207 at 2:06 PM revealed that the following incidents had not been reported to the Department of Health within 24 hours as evidence below:			P8-10 1379 1-7 The QMRP will ethat all Serious Repoincidents are reported	rtable to the	
	1. On 5/14/07, Staff entered Client #3's room after she returned home from the day program and notice that she had scrapes on her left elbow and palm. Upon further observations when changing her, staff notice that she also had scrape marks on her knee. Interview with the facility's Registered Nurse on 5/22/07 at approximately 2:40 PM revealed that the nurse had assessed and cleaned the injuries. There was no evidence of a signature or date on the incident report indicating when the nurse cleaned the injuries.			government within 24 The QMRP will also that staff complete incidents properly propertinent information areas provided to fathe investigative process 6/28/07	ensure these viding in the cilitate	6/28/07 & Ongoing	
	Client #4 grabbing scratching her. S the van because s attended to it, but coming out form t proceed with the	e facility's driver without affine the state of the screen of t	ands and stopped f and as already ad to other staff				
	3. On 4/3/07, star shower when noti	ff helping Client #3 u icing a bruise on left	ndress for should				

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	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPI A. BUILDING B. WING		(X3) DATE SU COMPLET	red
		09G211		<u> </u>		05/24	/2007
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1 379	Continued From pa	age 9		1379			
	According to the in	o about the size of a r cident report, there w rse had assessed the	/as no				
	notice a red circle	ile preparing for a sh on both thīghs grape (1) inch long. Etiolog	size		P8-10 1379 1-7 The QMRP will ens	u r e	
	Providence Hospit assessed the clien medication pass a	ent #6 was transporteral via residential van. It this morning during shaving swollen ank take her to the emergyaluation.	the les and		that all Serious Reportation incidents are reported to government within 24 hore. The QMRP will also ensure that staff complete the incidents properly provides	the urs. sure	6/28/07 &
	staff to have a rais	covered by the day property area on her forehethe injury occurred, the nown origin.	ead. Staff		pertinent information in areas provided to facili the investigative process.	the	Ongoing
	7. A nursing property revealed that Clien right arm.	gress note, dated 5/1 nt #4 sustained a bru	9/07, ise on the		6/28/07	-	
	8. See also Feder W153, W154, and	ral Deficiency Report I W156	-W149,		8. Cross Reference W149, W153, W154 and W156.		
1 39°	3520.2(a) PROFE PROVISIONS	SSION SERVICES:	GENERAL	l 391			
	professional staff necessary profess accordance with the individual habilitat necessary by the professional servi	all have available qua to carry out and mon sional interventions, i he goals and objectiv ion plan, as determin interdisciplinary team ces may include, but ervices provided by i	itor n res of every led to be n. The not be				

Health F	Health Regulation Administration FORM APPROVED								
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MUL' A. BUILDI B. WING		(X3) DATE S COMPL			
		09G211		05/			24/2007		
NAME OF F	ROMDER OR SUPPLIER		STREET AD	DRESS, CITY,	, STATE, ZIP CODE				
HRDI OF	THE DISTRICT OF C	OLUMBIA, LLC	3073 VIS WASHING	TA STREET STON, DC	r, NE 20018				
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l 391	Continued From pa	ige 10		1 391					
	trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:								
	(a) Medicine;								
	This Statute is not met as evidenced by: The findings:								
	1. On May 22, 2007, between 2:05 PM and 4:00 PM, client #1's medical records were reviewed. The medical assessment date September 19, 2006 reflected diagnoses to include hypertension and history of carcinoma of left breast, left breast mastectomy. a. According to a GYN consultation dated July 11, 2006, client #1 allowed a small sample obtained for the culture since the client "did not allow brushing of the cervix". The document reflected that if the sample was not adequate then the procedure would need to be repeated. Prior to this examination, another exam had been attempted March 2005; however, it was unsuccessful. The primary physician's note dated August 16, 2006 reviewed at 3:48 PM reflected "annual exam, pap done, results pending". At the time of the survey, the result were not available and the physician had not made further reference to the results in follow up monthly notes. b. According to client #1's mammogram report				P10-14 1391 1. a-d The RN, the Nurteam and the QMRP ensure that the all crelated medical services obtained in a timely man The RN will ensure diagnostic results obtained and medical for for each individual is don a timely manner. The Nu will maintain a medical do track all med appointments and necess follow up. 7/03/07	will lient are nner. that are llow he in hrses liary	7/03/07 & Ongoing		
	dated March 27, 200 return visit in twelve survey, the annual n done. The surveyor discussed the appoint 11:30 AM, the RN in	06, the client was to I months. At the time nammogram had not and Registered Numntment. On May 24, formed the surveyoren at the time that the	nave a of the been se (RN) 2007, at that						

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TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			R/CLIA	1	E CONSTRUCTION	COMPLET	
AND PLAN O	F CORRECTION	DENTINOATION NO.		A. BUILDING			
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			3073 VISTA	STREET, N	E		
HRDI OF	THE DISTRICT OF C	COLUMBIA, LLC	WASHINGT	ON, DC 200			
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l 391	Continued From page	age 11		1 391			
	clients received their mammograms because the LPN was told that client #1 required a diagnostic mammogram. The RN scheduled the exam at the time of survey for June 11, 2007.						
	a timely diagnostic recommended. It facility medical sta examinations and	he facility failed to ensure that client #1 received timely diagnostic mammogram as accommended. It should be mentioned that the acility medical staff conducts quarterly breast examinations and documents the findings.					
	at 3:55 PM, client and had the right ear wax was parti- left ear wax preso	lient #1's ENT report #1 was seen August ear wax removed an ially removed. Debro cribed for one month were further instructi onths to one year an performed.	d the left ox for the prior to ons to				
	(Brainstem Resp 2006. The client cerumen in the le requested to not are cleared.	ient #1 was seen by the audiologist for a rainstem Response) BSER on October 31, 006. The client was diagnosed with excessive trumen in the left ear. The facility was quested to not return the client until the ears			1. a-d The RN, the team and the QM ensure that the a related medical service obtained in a timely The RN will ensure the results of the RN, the RN, the results of the RN,	RP will client vices are manner.	7/03/07 8
	The nursing staff failed to follow through on the ENT return visit recommendations prior to attempting the BSER.				diagnostic result obtained and medic for each individual	al follow is done in	Ongoing
	on an August 7, client #1 had a d noted by the prinhad an EKG corfollow. The survice the result 11:53 AM. The survice the result tha	cording to the primary physician's notation August 7, 2006's consultation document, #1 had a diagnosis of hypertension. Also by the primary physician was that client # an EKG conducted and that the report was w. The surveyor and the RN attempted to the results of the EKG on May 25, 2007 and the RN attempted to a the report was not available at the try. There were no follow up notations about			a timely manner. T will maintain a med to track all appointments and follow up.	medical	

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STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU!	R/CLIA MBER:	A. BUILDING	E CONSTRUCTION	(X3) DATE SU COMPLE 05/24	
	TO THE OF SUPPLIED	030211	STREET ADDR	RESS, CITY, ST	ATE, ZIP CODE	-	
	ROVIDER OR SUPPLIER THE DISTRICT OF C	COLUMBIA, LLC	1	STREET, N	4E 018		
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1391	the EKG identified summaries by the 2. The facility fails encourage client # fast pace. Client #1 was observed 2007 at approximation was standing approximation to twenty successful and intervention observed all of his intervention observed An interview with staff was conduct AM. This interview capable of eating client was monitor was also prescrib. On May 23, 2007 surveyor inquired guidelines for eating client was monitor was also prescrib. A speech report of reviewed on May report reflected "If guidelines to promote the speech theral client #1's training attached slow earno attached protection of the deleating pace had	in the following mont primary physician. ed to provide safe tecet from consuming for the following dinner of ately 6:08 PM. The stroximately twelve includents were seated econds, client #1 had er food. There was reved or overheard. client #1's lead day ped on May 22, 2007 were wealed that client independently; howe red to slow down. The da chopped diet. at approximately 8:0 as to rather client #1 ing as part of her mediated November 13, 23, 2006 at 9:00 AM nome should continuent slow eating rate peech and dated Juneating and texture guipist. A document ideg book reflected "pacting rate protocol". The consumption of the peech and dated Juneating and texture guipist. A document ideg book reflected "pacting rate protocol".	chniques to cods in a con May 22, surveyor hes from . Within it no cogram at 11:20 t #1 was ever, the ne client colon was left. Another ne 8, 2006 aldelines per entified in the by using there was #1's rapid ough a cook in a colon to the second co	1391	2-3 The QMRP will end through periodic mean observation that the provide interventions will promote client safe client #1 and #3. The Q will follow up on all necessary protocols and staff to adhere recommendations mad Professional staff at all to 7/03/07	Itime staff that ety to MRP I the train to e by	7/03/07 & Ongoing

Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B. WING 09G211 05/24/2007 STREET ADDRESS, CITY, STATE. ZIP CODE NAME OF PROVIDER OR SUPPLIER 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) 1391 Continued From page 13 1391 choking. During observations of the the dinner meal conducted on May 22, 2007 beginning at 6:24 PM. Client #3 was observed eating her dinner meal. The client was observed eating very rapidly while staff supervised the table. Interview with the staff #1 on the same day at approximately 7:15 PM indicated that Client #3 eats very fast and has to be prompted to slow down. Review of the Speech and Language Assessment dated 11/13/06 on 5/23/07 at 11:12 2-3 The QMRP will ensure AM revealed a feeding/swallowing protocol. The through periodic mealtime protocol indicated that "staff should continue to observation that the staff provide for Client #3 by adhering to the attached provide interventions that form to slow eating pace, as she can utilize an will promote client safety to acceleration eating pace at times." Further review of Client #3's Nutritional Assessment client #1 and #3. The QMRP 7/03/07 & dated 12/8/06 on the same day at approximately Ongoing will follow up on all the 11:25 AM revealed under the "Nutrition necessary protocols and train Conditions" Potential for aspiration. staff to adhere recommendations made by Review of the in service training log on 5/24/07 at Professional staff at all times. approximately 12:30 PM revealed that staff had been trained on aspiration on 5/17/06. There was no evidence that training was effective. The 7/03/07 facility failed to followed the feeding/swallowing protocol as recommended by the Speech and Language Pathologist. 1395 3520.2(e) PROFESSION SERVICES: GENERAL 1395 **PROVISIONS** Each GHMRP shall have available qualified P14-15 1395 professional staff to carry out and monitor necessary professional interventions, in Cross Reference "a" 3520.2 accordance with the goals and objectives of every individual habilitation plan, as determined to be

necessary by the interdisciplinary team. The Health Regulation Administration

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STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE! IDENTIFICATION NUM	R/CLIA MBER:	A BUILDING	E CONSTRUCTION	(X3) DATE SUR COMPLETE			
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	THE DISTRICT OF C	OLUMBIA, LLC		A STREET, N TON, DC 200					
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1 395 1 40°	Continued From page 14 professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (e) Nursing; This Statute is not met as evidenced by: The findings include: Refer to "a" 3520.2 state licensing report. 3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis			1 401					
	and evaluation, in developmental les services, and services, and services, and services deterioration or furesident. This Statute is not the findings included in the findings in the find	cluding identification rels and needs, treativices designed to preat the relativity of the rest as evidenced to the rest as evidenced to the reation. Each contracts for Nutrition upational and Physics reation. Each contracts are reviewed for the reviewed for the reviewed for the reviewed that the relativity of the clients e signing of the proferry 2007.	of ment event by the by: al therapy, act was i. Clients the purpose in this essional			staff f each nd #3) sipline. ensure lew of client	7/03/07 & Ongoing		

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STATEMENT AND PLAN C	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM	R/CLIA MBER:	(X2) MULTIPL A. BUILDING B, WING	E CONSTRUCTION	(X3) DATE SURY COMPLETE 05/24/2	iD
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	at 4:50 PM, revealed mg crushed into Interview with the same day at appropriate medication was behaviors. Review orders dated 4/1/0 8:49 AM revealed QPM was incorpor Plan (BSP) dated associated with he uncooperativenes medical records of that the psychotro to address behaviors behaviors. Further on the same day revealed no document of the psychiatric assessed. 2. Observation of administration collapproximately 5:3 received Buspar 200 mg, and Revapplesauce by medication nurse approximately 4:5 medication was pehaviors. Review orders dated 4/1/10:16 AM revealed.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 at 4:50 PM, revealed Client #3 received Risperdal 1 mg crushed into applesauce by mouth. Interview with the medication nurse staff on the same day at approximately 4:57 PM revealed that the medication was prescribed for maladaptive behaviors. Review of the client's physicians orders dated 4/1/07 on 5/23/07 at approximately 8:49 AM revealed that Risperdal 1 mg by mouth QPM was incorporated in a Behavior Support Plan (BSP) dated 6/7/06, to address behaviors associated with head rubbing, self-harm, and uncooperativeness. Review of Client #3's medical records on 5/23/07 at 8:49 PM revealed that the psychotropic medications was prescribed to address behaviors associated Depression Disorder with Psychotic features and Behavioral Disorder. Further review of the medical records on the same day at approximately 9:15 AM, revealed no documented evidence of a psychiatric assessment. 2. Observation of the evening medication administration conducted on 5/22/07 at approximately 5:31 PM, revealed Client #4 received Buspar 15 mg, Risperdal 2 mg, Tegretol 200 mg, and Revia 30 mg crushed into applesauce by mouth. Interview with the medication nurse staff on the same day at approximately 4:57 PM revealed that the medication was prescribed for maladaptive behaviors. Review of the client's physicians		I 401	2 The QMRP wi that Professional provide assessments client (Clients #1, #2 based on their di The QMRP will through monthly re	staff of each and #3) scipline. ensure	7/03/07 & Ongoing
	Support Plan (BS behaviors associ injurious behavior medical records	e incorporated in a Be SP) dated 6/7/06, to a ated with head bangi rs. Review of Client on 5/23/07 at approxi led no documented e essment.	iddress ng and self #4's imately		the records that each has the necessary evanter required.	h client	

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	THE DISTRICT OF C	COLUMBIA, LLC	3073 VISTA WASHING	A STREET, N TON, DC 200	018		
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TAG	3520.6 PROFESS PROVISIONS Each professional as appropriate, ea with a resident in the professional instruction of the findings included the professional staff assessment or food this survey. It is professional staff assessment or food the findings included the provious work contracts in Janual been provided by the for Example: #3 plan; however, the evaluated the professional staff assessment or food the finding for Example: #3 plan; however, the evaluated the professional staff as speech evaluated by the	service provider shall cheat other person who he GHMRP so that relations can be implensident is programs and met as evidenced by the met as evidenced by the state of the service of the service of the service of the provided and provided and provided and provided and service of the professionals had not provided and provided by prior professionals had not rempleted by prior professionals had not rempleted by prior professionals and a behavioral made current psychological program or the assessionals had not current psychologist.	NERAL Il assist, is working elevant nented nd daily If therapy, ot was Clients he purpose in this ssional tions had taff. eviewed the essionals al programs, an agement st had not ment. Clients to been	1404	1404 The QMRP will that whenever professional staff is within 30 day employment, each record will be re and an initial note put in place. professional will required to put a continuity of serve place. All the ab be made possible training for the QM 6/30/07	ensure a new, s of client's viewed will be The l be plan of vices in ove will with a	6/30/07 & Ongoing
	It could not be determined that the GHMRP implemented that relevant professional instructions on clients; programs and daily activities.						
140	3520.9 PROFES	SSION SERVICES: G	SENERAL	1407			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROMDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIF A. BUILDING B. WING		(X3) DATE S COMPLE 05/2		
NAME OF P	ROVIDER OR SUPPLIER	30 30 1	STREET ADD	DDRESS, CITY, STATE, ZIP CODE				
	THE DISTRICT OF C	OLUMBIA, LLC	3073 VIST	A STREET, TON, DC 20	NE	<u></u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
I 407	Continued From particles of PROVISIONS Each GHMRP shall service provider a value for services provided quarter. This Statute is not The findings included. There were no plants. Client #1 and #3 plans. Client #3 was for behaviors. b. Speech had a for however, there were determine that the the objective reconsultation of Statute is not and maintain those more effectively will environments and of physical, mental This Statute is not The findings included. 1. Client #2's IPPs records were reviewed.	Il obtain from each provinten report at least ad during the preceding met as evidenced by the expectation of the property of the property of the provide habilitation and social functioning and social functioning the professional had more than to enable them to achieve their optical and social functioning the provide habilitation and social functioning the property of the demands of the provide habilitation and social functioning the provide habilitation and	rofessional quarterly ing y: rly reports al support edications ent #2; ons to initored and to acquire cope eir num levels ing. y: d clinical 7 at 11:40	1 420	P17-18 1407 a & b The QMR ensure that Profe staff adhere to the t their contract to services as in therein. The QMI in future report to	essional erms of provide dicated RP will HRDI essional of their	6/30/07 & Ongoing	
Health Resu	program that read language skills by	"will improve expres using the sign eat fo vith hand/hand. Obs	sive r 80% of					

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G211 05/24/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETÉ (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 1 420 Continued From page 18 1420 of snack times were made on May 22, and 23, 2007 at approximately 4:15 PM each day and a dinner meal on May 22, 2007 at approximately 6:10 PM. There were no attempts observed to have client #2 to sign eat at the given opportunities. P18-20 1420 1-3 The OMRP will ensure 2. During the observation period on May 22, provide staff 2007, client #2 was observed to be visually opportunities through the impaired. The House Manager confirmed that normal course of the day client #2 was blind. This diagnosis was also client included on the Medical assessment dated each 7/10/07 & Ongoing January 23, 2007 that was reviewed on May 22. participate in meaningful 2007 at 6:00 PM. activities to enhance skills. Staff will be trained to The psychological assessment dated January communicate and provide 2007 that was reviewed on May 23, 2007 at 3:45 interventions to clients to PM reflected that the client should be encouraged meet their health and to participate in sensory activities including safety needs. sound, smell, tast, and touch. Further stated was the "it would be helpful to tailor activities around 7/10/07 her senses". On May 23, 2007 at 4:03 AM, the House Manager indicated that sensory motor equipment was in the facility. The equipment shown included a sensi- ball switch, vibrating mini bubbles, gooshy switch, oval tax multi sensory, and high music vibration enabling device. These items were inoperable perhaps due to having no batteries. Although music played while all clients were sitting out on their porch, this was the only sensory motor functioning activity provided during the observation. It could not be determined that client #2 had been engaged in the multiple sensory task/activities as recommended. 3. Client #2's IPP and data was reviewed on May

FORM APPROVED Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING B. WING 09G211 05/24/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 1420 Continued From page 19 1420 24, 2007 at approximately 11:00 AM. a. Client #2 had an objective which read "will participate in an activity with her peers or staff with verbal assistance". The focus of the program was identified to be "setting the table". There was no opportunity offered or attempted during May 22, 2007 dinner meal or the snack times on May 22 and 23, 2007. The documentation that was reviewed reflected that the client had performed at 0% since January 2007. b. Client #2's had an objective to "stack utensils" on top of her plate". There was no opportunity offered or attempted during May 22, 2007 dinner meal or the snack times on May 22 and 23, 2007. 1 424 3521.5(a) HABILITATION AND TRAINING 1424 Each GHMRP shall make modifications to the resident 's program at least every six (6) months or when the client: P20-21 1424 (a) Has successfully completed an objective or a & b The QMRP will objectives identified in the Individual Habilitation indicate in her monthly notes Plan: the necessary areas where each client needs more focus This Statute is not met as evidenced by: on indicating the clients The findings include: progress. The QMRP will IPPs and related data collection was reviewed on 6/30/07 & assist each client to acquire Ongoing May 23, 2007 at 11:10 AM. There were no skills in areas that he/she has revisions made to programs that had been not yet mastered. achieved at the stated criterion level as reflected

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below.

a. Client #1's IPP indicated that the client would complete task with peers using verbal assistance on 4/4/ trials. The documentation reflected that

6/30/07

PRINTED: 06/13/2007 FORM APPROVED Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING 09G211 05/24/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX PREFIX COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1424 Continued From page 20 1424 from January 2007 to April 2007, the client performed at 100% verbal prompting thus meeting the criterion level. b. Client #1's financial IPP read that the client would purchase an item on a community outing with visual cues. According to the documentation reviewed, the client performed with 100% verbal prompting from January 2007 to May 2007. Interviews with the direct care staff at the facility interviewed on May 22, 2007 at 5:20 PM and with the direct care staff at the day program on May 22, 2007 at 11:20 AM, client #1 performs purchasing task with verbal prompting coupled with gestures for the actual purchasing exchange, It could not be determined that client #1 had continued to be challeged in her goal areas. 1 426 3521,5(c) HABILITATION AND TRAINING 1426 Each GHMRP shall make modifications to the P21-23 1426 resident's program at least every six (6) months or when the client. 1-3 The QA Director will inservice the QMRP to review, (c) Is failing to progress toward identified and revise discontinue objectives after reasonable efforts have been programs based on each made; performance-client client's This Statute is not met as evidenced by: refusal, client stays at the 6/30/07 & Ongoing The findings include: same level, client achieving

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levels

1. Client #1's IPPs and documentation was

Revisions had not been made to programs that

had not been mastered based on the criterion

Client #1 had an IPP to brush her teeth with

reviewed on May 23, 2007 at 11:10 AM.

program for over three to six

will be trained to implement

consecutive months.

programs as outlined.

6/30/07

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1 426	100% verbal prom reviewed for this phad not met criteristhe time with verbal 2007 to May 2007. conducted with phindependence. The IPP or objective to success. 2. Client #2's IPP records were revied 11:40 AM and 12: revisions made to mastered based of According to client program that read language skills by the opportunities with the determined initiated in Februal changes to the obspeech assessment reflected "continue program as she dispassed signs will be the trials. April 200 over hand and 600 been recorded at Although the client and the	pting. The document rogram reflected that on and performed on all prompting, from Jar. The remaining trials ysical prompting and here were no revision encourage the client as a documentation, are swed on May 24, 200's PM. There were reprograms that had not the stated criterion that the stated criterion are the stated criterion that the IPP for significant that the IPP for significant that the IPP for significant dated October 18, as with her communicated with the stated criterion that the IPP for significant dated October 18, as with her communicated with the IPP for significant dated October 18, as with her communicated that the IPP for significant dated October 18, as with her communicated of the client dated October 18, as with her communicated of the communicated of the client dated October 18, as with her communicated of the client	the client by 66% of rivary s were 1% s to the 1's Ind clinical 7 between 100 to been 1evels. Ind a sive 80% of IPP was however, ical chart, ing eat was were no 12006 13tions 100% of 19% hand 1007 had 1007 had	1 426	1-3 The QA Director value of the QMRP to revise and disconsisted on client's performance refusal, client stays same level, client acconsecutive months, will be trained to imprograms as outlined. 6/30/07	eview, ontinue each e-client at the hieving e to six Staff	6/30/07 & Ongoing

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I 426	participate in an ac	program which read ctivity with her peers	or staff	1 426			
	participate in an activity with her peers or staff with verbal assistance". The focus of the program was identified to be "setting the table". There was no opportunity offered or attempted during May 22, 2007 dinner meal or the snack times on May 22 and 23, 2007. The documentation reviewed reflected that the client performed at 0% from January 2007 to March 2007. It should be mentioned that the documentation reflected that client #2 progressed at 100% in April and May 2007. Inquiry was made to the QMRP as to what took place for such change in performance. There had been no changes made to the program or objective. The QMRP did not elaborate as to what may have precipitated this increased achievement.						
	program had beer	id not support that cl n revised to encoura n the mastery of this	ge the				
1 429	3521.6 HABILITA	TION AND TRAININ	lG	1429			
	resident to be ree	rector shall arrange for all arrange for a	eive an		P23-24 1429 Each consultant will programs at the ISP		
	The findings inclu		by:		QMRP will ensure reason for any contin be addressed appropri	that the uity will	6/30/07 & Ongoing
	at 11:10 AM. The individual support	sments, IPPs and ere reviewed on May IPPs identified in controlled in controlled IPPs identified IAI and ISP) dated Jairom the previous ISP	lient #1's nuary 2007		6/30/07		

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Health Regulation Administration (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 05/24/2007 09G211 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) 1429 Continued From page 23 1429 The Occupation Therapy assessment that was reviewed was dated January 30 2006. The recommendations included objectives for toothbrushing, applying lotion, making a store purchase, and completing a task with peers. The assessment further reflected that "these programs are performed on a routine basis and should be continued". The written IPPs reflected that these program criterions and objectives were not revised during the January 2007 individual support plan meeting. 1 436 3521.7(f) HABILITATION AND TRAINING 1436 The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety); This Statute is not met as evidenced by: P24-26 1436 The finding include: 1 & 2 The QMRP and RN 1. The facility failed to provide and teach safe will ensure that a protocol is techniques to encourage client #1 to consume developed for Client #1 and her foods in a safe manner. staff is trained on it. Staff 6/30/07 & Client #1 was observed having dinner on May 22, will again be trained on Ongoing 2007 at approximately 6:08 PM. The surveyor Aspiration Protocol was standing approximately twelve inches from properly assist Client #3. the table where all clients were seated. Within fifteen to twenty seconds, client #1 had 6/30/07 consumed all of her food. There was no intervention observed or overheard.

An interview with client #1's lead day program

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1 436	Continued From pastaff was conducted AM. This interview capable of eating is client was monitored was also prescribed. On May 23, 2007 a surveyor inquired a guidelines for eating A speech report dareviewed on May 2 report reflected "hot guidelines to promove the speech therapical client #1's training attached slow eating pace had be formal and consist choking. 2. During observe conducted on May PM, Client #3 was meal. The client with staff #1 on the	age 24 ad on May 22, 2007 at revealed that client independently; howeved to slow down. The da chopped diet. at approximately 9:00 as to rather client #1 ag as part of her means ated November 13, 20, 2006 at 9:00 AM. One should continue to the slow eating rate each and dated June ating and texture guid ist. A document ider book reflected "paceing rate protocol". The col. ermined that client # een addressed through the total at the dinary 22, 2007 beginning to observed eating her as observed eating her as as observed eating the same day at approximate that and at approximate that a	at 11:20 #1 was /er, the e client O AM, the had any al plan. O006 was This to use Another e 8, 2006 delines per ntified in e by using here was 1's rapid igh a ent possible her meal at 6:24 r dinner very rapidly riew with kimately	1436	2 The QMRP will ensure that a pr developed for Client	and RN otocol is t #1 and	
	Review of the Spe Assessment dated AM revealed a fee protocol indicated	I that Client #3 eats of that Client #3 eats of the country to slow down. Seech and Language of 11/13/06 on 5/23/09 on 5/23/09 on 5/23/09 on that "staff should country to the the country to the the country to the co	7 at 11:12 tocol. The intinue to		staff is trained on i will again be trai Aspiration Protoc properly assist Client 6/30/07	ined on to	6/30/07 & Ongoing

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Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING_ 09G211 05/24/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3073 VISTA STREET, NE HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 (X4) (D SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) 1436 Continued From page 25 1436 form to slow eating pace, as she can utilize an acceleration eating pace at times." Further review of Client #3's Nutritional Assessment dated 12/8/06 on the same day at approximately 11:25 AM revealed under the "Nutrition Conditions" Potential for aspiration. Review of the in service training log on 5/24/07 at approximately 12:30 PM revealed that staff had been trained on aspiration on 5/17/06. There was no evidence that training was effective. The facility failed to followed the feeding/swallowing protocol as recommended by the Speech and Language Pathologist. 1437 3521.7(g) HABILITATION AND TRAINING 1437 The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (g) Communication (including language development and usage, signing, use of the P26 1437 telephone, letter writing, and availability and utilization of communications media, such as The OMRP will train staff to books, newspapers, magazines, radio, television, assist Client #2 to sign eat at telephone, and such specialized equipment as The staff will mealtime. 6/30/07 & may be required); assist her to meet her needs Ongoing and promote independence. This Statute is not met as evidenced by: The finding includes: 6/30/07 1. Client #2's IPPs, documentation, and clinical records were reviewed on May 24, 2007 at 11:40 _MA According to client #2's IPP, the client had a program that read "will improve expressive language skills by using the sign eat for 80% of the opportunities with hand/hand. Observations

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	2007 at approximation on Ma 6:10 PM. There w	re made on May 22, Itely 4:15 PM each d Iy 22, 2007 at appro Pere no attempts obs Ign eat at the given	ay and a kimately				
1 443	3521.7(m) HABILI	TATION AND TRAII	VING	1443			
	The habilitation an GHMRP shall inclube limited to, the fo	id training of residen Ide, when appropria ollowing areas:	ts by the te, but not				
	(m) Financial man and banking);	agement (including	budgeting				
	This Statute is no The findings include	t met as evidenced de:	by:		1443 The QMRP will Client #1's progran	review n and	
	purchase an item visual cues. Acco reviewed, the clien	al IPP read that the on a community out ording to the document performed with 10 anuary 2007 to May	ing with entation 10% verbal		ensure that a challenging program i place to better me needs.	more is put in	6/30/07 & Ongoing
	interviewed on Ma the direct care sta 22, 2007 at 11:20 purchasing task v	e direct care staff at ay 22, 2007 at 5:20 f aff at the day program AM, client #1 perfor with verbal prompting the actual purchasin	PM and with m on May rms g coupled		6/30/07	1	
	It could not be de continued to be c	termined that client halleged in her goal	#1 had areas.				
1 500	3523.1 RESIDEN	ITS RIGHTS		1 500			
		sidence director sha residents are observ					

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1 500	Continued From page 27 protected in accordance with D.C. Law 2-137, this			I 500							
	chapter, and other applicable District and federal laws.										
			y .								
	This Statute is not met as evidenced by: The findings include: 1. Observation of the evening medication administration conducted on 5/22/07 at beginning at 4:50 PM, revealed Client #3 received Risperdal 1 mg crushed into applesauce by mouth. Interview with the medication nurse staff on the same day at approximately 4:57 PM revealed that the medication was prescribed for maladaptive behaviors. Review of the client's physicians orders dated 4/1/07 on 5/23/07 at approximately 8:49 AM revealed that Risperdal 1 mg by mouth QPM was incorporated in a Behavior Support Plan (BSP) dated 6/7/06, to address behaviors associated with head rubbing, self-harm, and uncooperativeness. Interview with the Qualified Mental Retardation Professional (QMRP) and House Manager on 5/23/07 at approximately 11:12 AM revealed that Client #3 did not have a legal guardian, but her sister used to be involved in her life. The House Manager indicated that the facility has not been able to contact the sister. Review of Client #3's Psychological Assessment dated 11/30/06 on 5/23/07 at approximately 11:35 AM revealed that she is unable to give informed consent and requires 24-hours a day supervision in a group home in order to function in a community setting. The assessment also revealed that Client #3 is not competent to make				P27-30 1500 1 & 2 The QMRP of future inform Client ### 4 of restrictive composition administered, the function of a Behavior Support to address inapprobehaviors and restrictive intervention QMRP will ensure significant representatives of individuals provide a of restrictive technique. 6/30/07	ontrols he use rt Plan opriate other is. The e that legal these consent	6/30/07 & Ongoing				
	placement, or fina documented evide Client #3 or a lega	sions conceming her nces. There was no ence that the facility in ally-authorized repres the health benefits a	nformed entative,								

Health Regulation Administration (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING B. WING 05/24/2007 09G211 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3073 VISTA STREET, NE** HRDI OF THE DISTRICT OF COLUMBIA, LLC WASHINGTON, DC 20018 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1500 Continued From page 28 1.500 treatment associated with the use of his psychotropic medications and corresponding BSP. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity. 2. Observation of the evening medication administration conducted on 5/22/07 at 5:31 PM, revealed Client #4 received Risperdal 2 mg, Buspar 15 mg, Tegretol 200 mg, and Revia 25 ma crushed into applesauce by mouth. Interview with the medication nurse staff on the same day at approximately 5:35 PM revealed that the 2 The QMRP will in medication was prescribed for maladaptive behaviors. Review of the client's physicians future inform Client #3 and orders dated 4/1/07 on 5/23/07 at approximately #4 of restrictive controls 10:16 AM revealed that the psychotropic being administered, the use medications were incorporated in a Behavior of a Behavior Support Plan Support Plan (BSP) dated 6/7/06, to address address inappropriate behaviors associated with head banging and 6/30/07 & self-injurious behaviors. Interview with the behaviors and other Ongoing Qualified Mental Retardation Professional restrictive interventions. The (QMRP) and House Manager on 5/23/07 at OMRP will ensure that approximately 11:12 AM revealed that Client #4 significant legal did not have a legal guardian, but her sister and representatives these of father is involved in her life. Review of Client #4's individuals provide a consent Psychological Assessment dated 11/30/06 on restrictive techniques 5/23/07 at approximately 12:30 PM revealed that she is unable to give informed consent and used. requires 24-hours a day supervision. The assessment also revealed that Client #4 is not 6/30/07 competent to make independent decisions concerning her treatment, placement, or finances. There was no documented evidence that the facility informed Client #4 or a legally-authorized representative, as appropriate. of the health benefits and risks of treatment associated with the use of his psychotropic medications and corresponding BSP.

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	Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity. 3. Refer to federal deficiency report (W124, W125, W263).				3. Cross Reference	XIII.0.4	5/30/07				
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